

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040186

FILED
Apr 25, 2005
Secretary of State

Entity Name: FBW OF CRYSTAL SPRINGS, INC.

Current Principal Place of Business:

2727 ST. JOHNS BLUFF ROAD
SUITE 203
JACKSONVILLE, FL 32246

New Principal Place of Business:

12220 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

Current Mailing Address:

2727 ST. JOHNS BLUFF ROAD
SUITE 203
JACKSONVILLE, FL 32246

New Mailing Address:

12220 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

FEI Number: 20-0819430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, TIMOTHY P
1016 LASALLE STREET
SECOND FLOOR
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOURDIFF, KULLEN
Address: 2727 ST. JOHNS BLUFF ROAD, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOURDIFF, KULLEN
Address: 12220 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Change (X) Addition
Name: LANE, KELLEY
Address: 57 JAMES DRIVE
City-St-Zip: MILTON, VE 05468

Title: S () Change (X) Addition
Name: LANE, MICHAEL
Address: 57 JAMES DRIVE
City-St-Zip: MILTON, VE 05468

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KULLEN SOURDIFF

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date