

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040186

FILED
Jan 25, 2007
Secretary of State

Entity Name: FBW OF CRYSTAL SPRINGS, INC.

Current Principal Place of Business:

12220 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

New Principal Place of Business:

11043-12 CRYSTAL SPRINGS RD.
JACKSONVILLE, FL 32220

Current Mailing Address:

12220 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

New Mailing Address:

2324 PINE ISLAND COURT
JACKSONVILLE, FL 32224

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:

CONSIDINE, TRACY J ESQ.
1 SLEIMAN PARKWAY
210
JACKSONVILLE, FL 32216 US

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: TRACY J. CONSIDINE, ESQ.

01/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOURDIFF, KULLEN
Address: 2324 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: POWERS, VICTORIA E
Address: 2324 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/25/2007

Electronic Signature of Signing Officer or Director

Date