

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040186

FILED  
Aug 30, 2008  
Secretary of State

Entity Name: FBW OF CRYSTAL SPRINGS, INC.

**Current Principal Place of Business:**

11043-12 CRYSTAL SPRINGS RD.  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

2324 PINE ISLAND COURT  
JACKSONVILLE, FL 32224

**New Mailing Address:**

11043-12 CRYSTAL SPRINGS RD.  
JACKSONVILLE, FL 32220

FEI Number: 20-0819430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSIDINE, TRACY J ESQ.  
1 SLEIMAN PARKWAY  
210  
JACKSONVILLE, FL 32216 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: 2324 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SOURDIFF, KULLEN  
Address: 14750 BEACH BLVD - #51  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

DIR

08/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date