

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000093682

1. Entity Name  
CRYSTAL CLEAR DESIGN OF SARASOTA, INC.



Principal Place of Business  
2601 MCINTOSH ROAD  
SARASOTA, FL 34232

Mailing Address  
2601 MCINTOSH ROAD  
SARASOTA, FL 34232



05032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TEDFORD, TANYA M MRS  
2601 MCINTOSH RD  
SARASOTA, FL 34232

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Tanya M. Bedford*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*5-3-07*

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	TEDFORD, JEFF
STREET ADDRESS	2601 MCINTOSH ROAD
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeff Bedford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-3-07 941 378 1663*  
Date Daytime Phone #