2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000138378

1. Entity Name
CRYSTAL RESTORATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1651 MASSACHUSETTS AVENUE N.E. ST. PETERSBURG, FL 33703	450 WESTBURY AVENUE CARLE PLACE, NY 11514

DO NOT WRITE IN THIS SPACE

03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1709247
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANS, BETTY J
1651 MASSACHUSETTS AVENUE N.E.
ST. PETERSBURG, FL 33703

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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: X Betty Hans 3/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KLEBER, ROBERT G
STREET ADDRESS	1651 MASSACHUSETTS AVENUE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	TREA
NAME	KLEBER, ERLINDA A
STREET ADDRESS	137 ATLANTIC AVENUE
CITY-ST-ZIP	LONG BEACH, NY 11561
TITLE	SEC
NAME	ROCKELEIN, ELIZABETH M
STREET ADDRESS	1109 DEE LANE
CITY-ST-ZIP	WOODBURY, NY 11514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80086-016 150.00

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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: X R.G. Kleber 3/7/06 727-424-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #