2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 19, 2007 08:00 Al DOCUMENT # P05000018877 **Secretary of State** 1. Entity Namo CRYSTAL TRANSPORT INC. Principal Place of Business Mailing Address 12501 ULMERTON RD 12501 ULMERTON RD LOT #166 LOT #166 LARGO FL 33774 LARGO FL 33774 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-2288078 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VOGEL, KEN Street Address (P.O. Box Number is Not Acceptable) 12501 ULMERTON RD LOT #166 LARGO FL 33774 Zip Coda 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. U00000672546 SIGNATURE 03/28/07 6007&_r802 150.00 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing . \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete IIILE Change ☐ Addition VOGEL, KEN NAME 12501 ULMERTON RD LOT#166 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-71P CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition VOGEL, JAN NAME NAME 12501 ULMERTON RD LOT#166 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIP Delete ШЕ Change □ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY - SJ - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP HILE IIILE ☐ Change ☐ Addition ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-SI-ZIP I heroby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

3/16/07 727-593-3538