


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000044641 1. Entity Name KRYSTALNET INC	
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Principal Place of Business 7117 SW ARCHER RD LOT 147 GAINESVILLE, FL 32608	Mailing Address 7117 SW ARCHER RD LOT 147 GAINESVILLE, FL 32608
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04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOVE, PENNY A 7117 SW ARCHER RD LOT 147 GAINESVILLE, FL 32608

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000886631 04/18/08-60065-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOVE, PENNY A 7117 SW ARCHER RD LOT 147 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOVE, THOMAS M 7117 SW ARCHER RD #51 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FO JONES, ELIZABETH A 2066 S. ALASKA AVE PROVO, UT 48606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PR FORSTNER, JOHN A 7117 SW ARCHER RD. #51 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Penny A. Dove* **04-07-2008 352-376-8822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #