

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094795

Entity Name: CRYSTAL VIEW PLACE, INC.

FILED
Sep 04, 2007
Secretary of State

Current Principal Place of Business:

3210 N. ORANGE AVE
ORLANDO, FL 32802 US

New Principal Place of Business:

3210 N. ORANGE AVE
ORLANDO, FL 32803 US

Current Mailing Address:

P.O. BOX 2986
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 20-5244235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURMAN, CARLA
3119 OSCEOLA AVE
ORLANDO, FL 32806 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, JUDITH
Address: 3748 POWERS RIDGE CT
City-St-Zip: ORLANDO, FL 32808 US

Title: VP () Delete
Name: TURMAN, CARLA
Address: 3119 OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806 US

Title: T () Delete
Name: WILLIAMS, MAYROSE
Address: 1719 W. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32805 US

Title: S () Delete
Name: JEFFRY, DARRYN
Address: 1719 W. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32805 US

Title: R () Delete
Name: TOWNS, ELEANOR
Address: 4593 FRISCO CIR
City-St-Zip: ORLANDO, FL 32808 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JUDITH WILLIAMS

P

09/04/2007

Electronic Signature of Signing Officer or Director

Date