


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000015482					
1. Entity Name CRYSTAL SHORES, INC.					
Principal Place of Business C/O CHARLES ROSS 8370 40TH AVE. N ST. PETERSBURG FL 33709 US			Mailing Address C/O CHARLES ROSS 8370 40TH AVE. N ST. PETERSBURG FL 33709 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3174952 <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
ROSS, CHARLES W 8370 40 AVE N. SAINT PETERSBURG FL 33709			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	U00000628107	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASELLI, JOEL		NAME	02/16/07-80001-024 150.00	
STREET ADDRESS	1900 EASTWOD ROAD SUITE 10		STREET ADDRESS		
CITY - ST - ZIP	WILMINGTON NC		CITY - ST - ZIP		
TITLE	VDS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, CHARLES W		NAME		
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CITY - ST - ZIP	SAINT PETERSBURG FL 33709		CITY - ST - ZIP		
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1st MOORE CR2E034 (10/06)

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

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Street Address (P.O. Box Number is Not Acceptable)
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CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 5025000
Date Daytime Phone #