2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

	ANNUAL R	EPORT	- <u></u>			/, 2005 08:00 A
DOCU	MENT # P9300005813	0			Sec	cretary of State
1. Entity Nan	ne			1		
CRISIA	L BEACH REALTY, INC.			'		
		The state of the s		_		
Principal Place 4652 GULF	- ·	ailing Address O BOX 1735				
DESTIN, FL		ESTIN, FL 32540 US				
ļ					2 1112 1111 1211 1311 1311)
				01182005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE			Applied For
_				4. FEI Numb 59-316		Not Applicable
<u> </u>				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current Regis	tered Agent		sy		
ODOM, JA	AY			DO	NOT W	DITE
4652 GULF STARR DR DESTIN, FL 32541						
DESTIN, F	TL 32341			IN .	THIS SF	PACE
[<u> </u>	}			
	named entity submits this statement for the patients of registered agent.	ourpose of changing its register	ed office or registe	ered agent, or bo	th. in the State of Flo	orida. I am familiar with, and accept
					,	
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable. (NOTE, Registers	ed Agent signature require	od when reinstating)	_ 	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncina \$5	.00 May Be	(10,00000)	218122
				□ Added to Fees 02/07/05-80053-005 150.00		
10.	OFFICERS AND DIRE	TORS				
TITLE NAME	D ODOM, JAÝ					
STREET ADDRESS	4652 GULF STARR DR	-				
CITY-ST-ZIP	DESTIN, FL	, //www.				
, title Name						
STREET ADDRESS						
CITY-ST-ZIP			<u> </u>			
NAME	ļ					
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE		, as Vander (THIS SF	
NAME				11.4	11113 31	ACL
STREET ADDRESS CITY-ST-ZIP						
TITLE		· _				
NAME STREET ADDRESS	1					
CITY-ST-ZIP		<u></u>	1			
TITLE]			
NAME STREET ADDRESS		1/				
CITY-ST-ZIP		/ 		· was an amount of the same of	···	
12. I hereby of indicated	certify that the information supplied with this is in on this report or supplemental proof is vive- proration or the receiver or trustee employuete , or on an attachinent with an actoriess, with a	ing does not qualify for the exe	mption stated in S ture shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes. I	further certify that the information bath; that I am an officer or director
of the cor changed	rporation or the receiver or trustee emboweder, or on an attachment with an address, with al	t to execute this report as required the like empowered.	red by Chapter 60	7, Florida Statute	es; and that my name	e appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: