

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90044 026 \*\*\*150.00

**DOCUMENT # P96000089944**

1. Entity Name  
**CRYSTAL LAKE APARTMENTS, INC.**



Principal Place of Business  
7680 WEST HIGHWAY 98  
PENSACOLA, FL 32506 US

Mailing Address  
7680 WEST HIGHWAY 98  
PENSACOLA, FL 32506 US

**54003865**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 710**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State

City & State  
**PENSACOLA, FL**

4. FEI Number  
**59-3422282**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32591 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILL, LAWRENCE C P.A.  
226 S. PALAFOX ST., 6TH FL  
PENSACOLA, FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

**226 S. PALAFOX ST., 6TH FLOOR**

City **PENSACOLA** FL Zip Code **32502**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MERRILL, COLLIER  
STREET ADDRESS 226 S. PALAFOX ST. 6TH FLOOR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MERRILL, BURNEY H  
STREET ADDRESS 226 S. PALAFOX ST; 6TH FLOOR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MERRILL, WILLIS C III  
STREET ADDRESS 226 S. PALAFOX ST.; 6TH FLOOR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*J. Collier Merrill*

J. COLLIER MERRILL 2/3/04 850-438-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #