


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 Mailing Address

7680 WEST HIGHWAY 98 7680 WEST HIGHWAY 98
 PENSACOLA, FL 32506 US PENSACOLA, FL 32506 US

54003865



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

P.O. Box 710
PENSACOLA, FL
32591 **USA**

02032004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3422282 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

226 S. PALAFOX ST., 6th FLOOR

City State Zip Code

PENSACOLA **FL** **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 _____ (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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, COLLIER	NAME	
STREET ADDRESS	226 S. PALAFOX ST. 6TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, BURNEY H	NAME	
STREET ADDRESS	226 S. PALAFOX ST; 6TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, WILLIS C III	NAME	
STREET ADDRESS	226 S. PALAFOX ST.; 6TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 2/9/04 850-438-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #