2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000021429

Entity Name

CRYSTAL SANDS REALTY, INC.



Principal Place of Business

Mailing Address

1602 HWY 98

MEXICO BEACH, FL 32410

PO BOX 13332

MEXICO BEACH, FL 32410 US

FILED

Apr 21, 2004 08:00 AM Secretary of State

04032004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3446645

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNELL, JANICE F 273 PATRICK ST DRER STREET METICO BEACH, FL 32410			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the patients of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered egent and title if applicable (ROTE, Registered Agent signature required when reinstading) DATE					DATE
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			######################################
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNELL, JANICE F 273 PATRICK ST MEXICO BEACH, FL 32410				
TITLE NAME STREET ABDRESS CITY-ST-ZIP	ST BROWNELL, CLENTON 273 PATRICK STREET MEXICO BEACH, FL 32410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ -	NOT WRITE
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IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 fike empowered.

SIGNATURE:

MASSE STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS

ALL FRANCISCO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #