

#16160
**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000075076

1. Entity Name
SCULLY CRYSTAL PALMS, INC.



Principal Place of Business
801 OLD YORK ROAD
JENKINTOWN, PA 19406

Mailing Address
801 OLD YORK ROAD
JENKINTOWN, PA 19406

FILED
Jun 30, 2008 08:00 AM
Secretary of State



06192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0793232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCULLY, MICHAEL A. 801 OLD YORK RD JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCULLY, JR. J 801 OLD YORK RD JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000953431
06/30/08-80002-016 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/08 (211) 887-8400
Date Daytime Phone #