

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90013 008 ***150.00

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01082004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000055699 1. Entity Name CRYSTAL BEACH PROPERTIES, INC.					
Principal Place of Business 45 BEAL PARKWAY, NE OKALOOSA, FL 32549			Mailing Address P.O. BOX 1600 OKALOOSA, FL 32549		
2. Principal Place of Business 45 Beal Parkway, NE Suite, Apt. #, etc.		3. Mailing Address PO Box 1600 Suite, Apt. #, etc.			
City & State Fort Walton Beach, FL Zip 32548 Country Okaloosa		City & State Fort Walton Beach, FL Zip 32549 Country Okaloosa		4. FEI Number 59-3517271	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BATTISTE, WESLEY E 15 CALLE RIO MARY ESTHER, FL 32569			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4485 Furling Lane City Destin FL Zip Code 32541		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATTISTE, WESLEY E 15 CALLE RIO MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Battiste, Wesley 4485 Furling Lane Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARKER, GENE G 908 WOODBRIAR CT FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Gene G. Barker</u> 2/9/04 850/244-5121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					