

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000055699

1. Entity Name
CRYSTAL BEACH PROPERTIES, INC.



Principal Place of Business
45 BEAL PARKWAY, NE
FORT WALTON BEACH, FL 32548

Mailing Address
P.O. BOX 1600
FORT WALTON BEACH, FL 32549



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3517271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BATTISTE, WESLEY E
4485 FURLING LANE
DESTIN, FL 32541

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD00000593785
01/22/07-80046-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATTISTE, WESLEY E 4485 FURLING LN. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 an other like empowered.

SIGNATURE:

Gene G. Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

850-244-5121
Daytime Phone #