

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087677

FILED
Apr 13, 2005
Secretary of State

Entity Name: CRYSTAL RIVER ENTERPRISES, INC.

Current Principal Place of Business:

423 NORTHEAST 1ST STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

290 S W 12TH AVENUE
SUITE # 9
POMPANO BEACH, FL 33069

Current Mailing Address:

423 NORTHEAST 1ST STREET
POMPANO BEACH, FL 33060

New Mailing Address:

290 S W 12TH AVENUE
SUITE # 9
POMPANO BEACH, FL 33069

FEI Number: 65-0961979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, J.E.
423 NE 1ST STREET
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

SMITH, J.E.
290 S W 12TH AVENUE
SUITE # 9
POMPANO BEACH, FL 33069 US

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.

SIGNATURE:

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, J E
Address: 423 NORTHEAST 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: SMITH, LORI
Address: 423 NORTHEAST 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: STD () Delete
Name: PORTER, KATHY
Address: 423 NORTHEAST 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, J E
Address: 290 S W 12TH AVENUE - SUITE # 9
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD (X) Change () Addition
Name: SMITH, LORI
Address: 290 S W 12TH AVENUE - SUITE # 9
City-St-Zip: POMPANO BEACH, FL 33069

Title: STD (X) Change () Addition
Name: PORTER, KATHY
Address: 290 S W 12TH AVENUE - SUITE # 9
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. E. SMITH

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date