


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 001 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # S00408 1. Entity Name CRYSTAL AND RYAN, INC. | |  | |
| Principal Place of Business 10150 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 | | Mailing Address 10150 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 | |
| 2. Principal Place of Business 9240 Hilltop Dr Suite, Apt. #, etc. | | 3. Mailing Address 9240 Hilltop Dr. Suite, Apt. #, etc. | |
| City & State New Port Richey, FL Zip Country 34654 | | City & State New Port Richey, FL Zip Country 34654 | |
| 4. FEI Number 59-3032135 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HODGSON, BRIAN J. 10150 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 9240 Hilltop Dr. City New Port Richey FL Zip Code 34654 | |
| 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, 2005 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 | P HODGSON, BRIAN 9240 HILLTOP DR. NEW PORT RICHEY, FL 34654 <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 | T HODGSON, GERALDINE 9240 HILLTOP DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Geraldine Hodgson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Secretary <small>Date Daytime Phone #</small> | |