

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 035 ***150.00

DOCUMENT # S11154

1. Entity Name

CRYSTAL LAKE HOLDING CORP.



Principal Place of Business

3257 SE BROOK ST.
 STUART FL 34997
 US

Mailing Address

3257 SE BROOK ST.
 STUART FL 34997
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0228771

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRARY, LAWRENCE E. III
555 COLORADO AVE
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
 NAME: **KOLLMER, WILLIAM**
 STREET ADDRESS: **329 OLD COUNTRY RD**
 CITY-ST-ZIP: **DEER PARK NY 11729**

TITLE: **PRESIDENT** Change Addition
 NAME: **SPECIALE, FRANK**
 STREET ADDRESS: **1111 S OCEAN BLVD. #120**
 CITY-ST-ZIP: **BOCA RATON, FL 33432**

TITLE: **D** Delete
 NAME: **MARTINS, ANTONIO**
 STREET ADDRESS: **1676 WASHINGTON AVE**
 CITY-ST-ZIP: **LONG ISLAND NY**

TITLE: **DIRECTOR** Change Addition
 NAME: **WILLIAM KOLLMER**
 STREET ADDRESS: **329 OLD COUNTRY ROAD**
 CITY-ST-ZIP: **DEER PARK, NY 11729**

TITLE: **D** Delete
 NAME: **CUNHA, JOAQUIM**
 STREET ADDRESS: **1676 WASHINGTON AVE**
 CITY-ST-ZIP: **LONG ISLAND NY**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **FILIFE, BRASILINO**
 STREET ADDRESS: **9960 S OCEAN BLVD #403**
 CITY-ST-ZIP: **JENSEN BEACH FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **S** Delete
 NAME: **FILIFE, PAUL**
 STREET ADDRESS: **9960 S OCEAN BLVD #403**
 CITY-ST-ZIP: **JENSEN BEACH FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **CAMPO, JACK**
 STREET ADDRESS: **9 SAGE BRUSH CT**
 CITY-ST-ZIP: **SETAUKET NY**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #