

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90386 030 ***150.00

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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 <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Leonard Rutland, Jr., Attorney		
			Street Address (P.O. Box Number is Not Acceptable) 759 South Federal Highway Suite 303		
			City Stuart		
			Zip Code FL 34994		
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 <u>Leonard Rutland, Jr., Attorney</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPECIALE, FRANK		NAME		
STREET ADDRESS	1111 S OCEAN BLVD., #120		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINS, ANTONIO		NAME		
STREET ADDRESS	1676 WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	LONG ISLAND, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUNHA, JOAQUIM		NAME		
STREET ADDRESS	1676 WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	LONG ISLAND, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILIPE, BRASILINO		NAME		
STREET ADDRESS	9960 S OCEAN BLVD #403		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FILIPE, PAUL		NAME	Treasurer	
STREET ADDRESS	9960 S OCEAN BLVD #403		STREET ADDRESS	Donna Speciale	
CITY-ST-ZIP	JENSEN BEACH, FL		CITY-ST-ZIP	1950 Lynton Circle	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Wellington, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPO, JACK		NAME		
STREET ADDRESS	9 SAGE BRUSH CT		STREET ADDRESS		
CITY-ST-ZIP	SETAUKET, NY		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: <u>Frank Speciale</u>			4-27-05		772-223-1224
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>