


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 002 \*\*\*150.00

**DOCUMENT # S11154**  
 1. Entity Name  
**CRYSTAL LAKE HOLDING CORP.**



Principal Place of Business      Mailing Address  
**3257 SE BROOK ST.**      **3257 SE BROOK ST.**  
**STUART, FL 34997 US**      **STUART, FL 34997 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**40035549**



01222008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0228771**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**KOLLMER, WILLIAM**  
**1608 SW CROSSING CIRCLE**  
**PALM CITY, FL 34990**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPECIALE, FRANK	
STREET ADDRESS	1111 S OCEAN BLVD., #120	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINS, ANTONIO	
STREET ADDRESS	1676 WASHINGTON AVE	
CITY-ST-ZIP	LONG ISLAND, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNHA, JOAQUIM	
STREET ADDRESS	1676 WASHINGTON AVE	
CITY-ST-ZIP	LONG ISLAND, NY	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FILIPÉ, BRASILINO	
STREET ADDRESS	9960 S OCEAN BLVD #403	
CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPO, JACK	
STREET ADDRESS	9 SAGE BRUSH CT	
CITY-ST-ZIP	SETAUKET, NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BLOOM, MATTHEW	
STREET ADDRESS	PO BOX 292	
CITY-ST-ZIP	MOUNT SINAI, NY 11766	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martins, Antonio	
STREET ADDRESS	1676 Washington Avenue	
CITY-ST-ZIP	Bohemia, NY 11716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cunha, Joaquim	
STREET ADDRESS	3 Wyoming Street	
CITY-ST-ZIP	Selden, NY 11784	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Campo, Jack	
CITY-ST-ZIP	1303 Main Street, Suite 1A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Port Jefferson, NY	
STREET ADDRESS		
CITY-ST-ZIP	11777	

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 all other like empowered.

**SIGNATURE:** *William Kollmer*      **2.25.08**      **772-223-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

1224