

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S11154

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: CRYSTAL LAKE HOLDING CORP.

**Current Principal Place of Business:**

3257 SE BROOK ST.  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

3257 SE BROOK ST.  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0228771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLLMER, WILLIAM  
1608 SW CROSSING CIRCLE  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPECIALE, FRANK  
Address: 1111 S OCEAN BLVD., #120  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: MARTINS, ANTONIO  
Address: 1676 WASHINGTON AVE  
City-St-Zip: BOHEMIA, NY 11716

Title: D ( ) Delete  
Name: CUNHA, JOAQUIN  
Address: 3 WYOMING STREET  
City-St-Zip: SELDEN, NY 11784

Title: VPD ( ) Delete  
Name: FILIPE, BRASILINO  
Address: 9960 S OCEAN BLVD #403  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: CAMPO, JACK  
Address: 1303 MAIN STREET, SUITE 1A  
City-St-Zip: PORT JEFFERSON, NY 11777

Title: CD ( ) Delete  
Name: BLOOM, MATTHEW  
Address: PO BOX 292  
City-St-Zip: MOUNT SINAI, NY 11766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM KOLLMER

D

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date