2004 FOR PROFIT CORPORATION ANNUAL REPO

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S20242

1. Entity Name
CRYSTAL RIVER LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
8010 NW 56TH ST. P O BOX 522168 MIAMI, FL 33152-9168	20 WRIGHT FARM ROAD ATKINSON, NH 03811 US

02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0249949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGLEMAN ESQUIRE, GUY
28 WEST FLAGLER STREET
SUITE 400
MIAMI, FL 33130

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	D'ONOFRIO, ARTHUR M.
STREET ADDRESS	2114 GRANADA BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TS
NAME	D'ONOFRIO, ARTHUR M.
STREET ADDRESS	8010 NW 56TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80034-011 150.00

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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: _____ 3/23/04 603-362-5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #