

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90016 026 ***150.00



DOCUMENT # S72232

1. Entity Name
 CRYSTAL CASUAL, INC.

Principal Place of Business Mailing Address
~~6894 W. GULF-TO-LAKE HWY~~ 32 NE US HWY 19 ~~6894 W. GULF-TO-LAKE HWY~~ 32 NE US HWY 19
 CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34429 US



01152008 No Chg-P CR2E034 (11/05)

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| | |
|---|--------------------------------|
| 4. FEI Number 59-3077491 | 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

~~RHOADES, RON A~~ Mitchell Diane L.
~~2428 NORTH ESSEX AVENUE~~ 32 NE US HWY 19
~~HERNANDO, FL 34442~~ CRYSTAL RIVER, FL 34429
 I would like to serve as my own registered agent.

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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: Diane L. Mitchell Diane L. Mitchell, president 3/26/08
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, 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 NAME STREET ADDRESS CITY-ST-ZIP | VD MITCHELL, WILLIAM C., JR 191 E KNIGHTSBRIDGE PL LECANTO, FL 34461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TDPS MITCHELL, DIANE L. 191 E KNIGHTSBRIDGE PL LECANTO, FL 34461 |
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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: Diane L. Mitchell Diane L. Mitchell 4/1/08 352-795-2794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #