## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P94000052862**

1. Entity Name

CRYSTAL SPRINGS PROPERTIES, INC.



FILED
May 03, 2006 08:00 AM
Secretary of State

Principal Place of Business

1808 KINGLET COURT COSTA MESA, CA 92626 Mailing Address

1808 KINGLET COURT COSTA MESA, CA 92626

US



DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 94–3207753

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131				IN THIS SPACE		
	named entity submits this statement for the plons of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE 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, 2006 Fee will be \$550.00		Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, C. EUGENE 1808 KINGLET COURT COSTA MESA, CA 92626					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, TRUDY J 1808 KINGLET COURT COSTA MESA, CA 92626				U00000561372 05/19/06 90011-024 158.75	
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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 shell have the same legal effect as if made under cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.E. HUTCHINS

5/1/06 (714) 305-2333

Daytime Phone #