


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000024321**

1. Entity Name  
**CROSS CREEK CONSULTING, INC.**



Principal Place of Business      Mailing Address

**538 B MIDWAY DR.  
OCALA, FL 34472**      **538 B MIDWAY DR.  
OCALA, FL 34472**



04252004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3020175**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STIMMEL, MELVIN E  
538 B MIDWAY DR.  
OCALA, FL 34472**

**DO NOT WRITE IN THIS SPACE**

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: *Melvin E. Stimmel*      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	P
NAME	STIMMEL, MELVIN E
STREET ADDRESS	538 B MIDWAY DR.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	V
NAME	STIMMEL, PATRICIA M
STREET ADDRESS	538 B MIDWAY DR.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80098-008 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Melvin E. Stimmel*      **MELVIN E. STIMMEL**

Date: **4/25/04**      Daytime Phone #: **352-680-3574**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR