


FILED
Apr 25, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000024321

1. Entity Name
CROSS CREEK CONSULTING, INC.



Principal Place of Business 538 B MIDWAY DR. OCALA, FL 34472	Mailing Address 538 B MIDWAY DR. OCALA, FL 34472
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04232005 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 <input type="checkbox"/>	\$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: N/A
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P STIMMEL, MELVIN E 538 B MIDWAY DR. OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V STIMMEL, PATRICIA M 538 B MIDWAY DR. OCALA, FL 34472
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 04/25/05-80062-022-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: MELVIN E. STIMMEL *Melvin E. Stimmel* 4/29/05 852-680-8574
SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR