

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062317

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: EURO RIDGE CROSSINGS, INC.

**Current Principal Place of Business:**

4300 W. CYPRESS ST  
SUITE 1075  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4300 W. CYPRESS ST  
SUITE 1075  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 06-1642091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMEURCO MANAGEMENT, INC.  
4300 W. CYPRESS ST  
SUITE 1075  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: EVP ( ) Delete  
Name: MARTOJO, TOM  
Address: 4300 W CYPRESS ST STE 1075  
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete  
Name: VAN OMMEN, NICK  
Address: 4300 W CYPRESS ST STE 1075  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: WILKIE, MARK S  
Address: 4300 W. CYPRESS ST., SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: S (X) Delete  
Name: MOBACH, MICHAEL  
Address: 4300 W. CYPRESS ST., SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: S (X) Delete  
Name: WILKIE, MARK S  
Address: 4300 WEST CYPRESS ST SUITE 1075  
City-St-Zip: TAMPA, FL 33607 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VAN DER EEMS, DIRK  
Address: 4300 W CYPRESS ST STE 1075  
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Change ( ) Addition  
Name: SPIKER, MICHAEL E  
Address: 4300 W CYPRESS ST STE 1075  
City-St-Zip: TAMPA, FL 33607

Title: S (X) Change ( ) Addition  
Name: SPIKER, MICHAEL E  
Address: 4300 W. CYPRESS ST., SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E SPIKER

VP

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date