


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000037296
 1. Entity Name
 STRATEGIC CROSSING CORPORATION



Principal Place of Business 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32501	Mailing Address PO BOX 12725 PENSACOLA, FL 32501
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05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3507139	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BOOKMAN, ALAN B
 30 SOUTH SPRING STREET
 PENSACOLA, FL 32501

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 _____ U00000364993
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/09/05-80018-014 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, BRIAN K 17 E. MAIN ST, SUITE 100 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, NEAL B 6565 NORTH W STREET SUITE 260 PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, JOHN S 17 W CEDAR STREET SUITE 3 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELSEN, ERIC 3410 NORTH 18TH AVENUE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADBOURNE, EDWARD M 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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 empowered.

SIGNATURE: NEAL NASH 5-6-05 850-429-8642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #