


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 032 ***150.00

DOCUMENT # V23405

1. Entity Name
CROSSROADS MARKET, INC.



Principal Place of Business
**4200 GULF SHORE BLVD N
 NAPLES, FL 34103 US**

Mailing Address
**4200 GULF SHORE BLVD N
 NAPLES, FL 34103 US**

40083133

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04172008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0331926

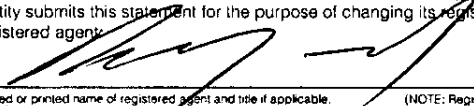
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CATALANO, ANTHONY J.
 4001 TAMIAMI TR N
 STE 250
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent
 Name
Robert C. Zundel, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
 Suite 250
 City
Naples FL Zip Code
34103

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  **Robert C. Zundel, Jr.** DATE **4/30/2008**

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, 2008 Fee will be \$550.00

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

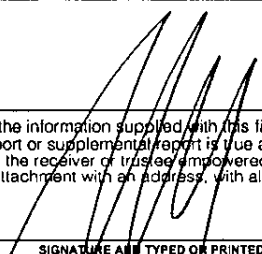
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LUTGERT, SCOTT F	
STREET ADDRESS	4200 GULF SHORE BLVD, NORTH	
CITY-ST-ZIP	NAPLES, FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD J	
STREET ADDRESS	4200 GULF SHORE BLVD. NO	
CITY-ST-ZIP	NAPLES, FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GUTMAN, HOWARD B	
STREET ADDRESS	4200 GULF SHORE BLVD, NO.	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:  **Howard B. Gutman** **Vice President** DATE **4/30/2008** (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR