


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**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



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3507139**

Applied For  
 Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	DVST
NAME	SPENCER, BRIAN K
STREET ADDRESS	17 E. MAIN ST, SUITE 100
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DP
NAME	NASH, NEAL B
STREET ADDRESS	120 EAST MAIN STREET, SUITE A
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	DVP
NAME	CARR, JOHN S
STREET ADDRESS	17 W CEDAR STREET, SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	DVP
NAME	NICKELSEN, ERIC J
STREET ADDRESS	17 WEST CEDAR STREET, SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	CHADBOURNE, EDWARD M
STREET ADDRESS	17 WEST CEDAR STREET SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
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 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 changed, or on an attachment with an address, with all other like empowered.