

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # 449681

1. Entity Name
CROSS ASSOCIATES, INC.



Principal Place of Business
**2087 N. POWERLINE RD
STE 2
POMPANO BEACH, FL 33069**

Mailing Address
**2087 N. POWERLINE RD
STE 2
POMPANO BEACH, FL 33069**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1547932	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

**POPE, CHARLES W.
2087 N. POWERLINE RD
STE 2
POMPANO BEACH, FL 33069**

**DO NOT WRITE
IN THIS SPACE**

I, The Above named Entity, submit 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 responsibilities of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000115374
04/16/04 60021 014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POPE, CHARLES W.
STREET ADDRESS	2087 N. POWERLINE RD -STE 2
CITY-ST-ZIP	POMPANO BCH., FL

TITLE	S
NAME	POPE, DIANE
STREET ADDRESS	2087 N. POWERLINE RD -STE 2
CITY-ST-ZIP	POMPANO BCH., FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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)(i), 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: *Charles W. Pope* **CHARLES W. POPE - Pres.** *4/16/04* **954 979-2499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #