

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 449681

1. Entity Name

CROSS ASSOCIATES, INC.



Principal Place of Business

3755 FISCAL CRT
STE A
WEST PALM BEACH FL 33404

Mailing Address

3755 FISCAL CRT
STE A
WEST PALM BEACH FL 33404



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1547932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPE, CHARLES W.
2755 FISCAL COURT STE A
WEST PALM BEACH FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent with title (if applicable)

(NOTE: Registered Agent's signature required when removing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POPE, CHARLES W.	
STREET ADDRESS	3755 FISCAL CRT STE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	POPE, DIANE	
STREET ADDRESS	3755 FISCAL CRT STE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

U000000883278
04/16/08-80075-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.W. POPE PRES. - 4/3/08 561-844-6825