

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00
Secretary of State

DOCUMENT # F01000005721

1. Entity Name
PLC CROSS COUNTY, INC.



Principal Place of Business
3333 NEW HYDE PARK RD
#100
NEW HYDE PARK, NY 11042

Mailing Address
3333 NEW HYDE PARK RD
#100
NEW HYDE PARK, NY 11042

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

02132007

Chg-P

CR2E034 (12/06)

4. FEI Number
33-0987422

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 ☐ Delete
NAME V
STREET ADDRESS SCHINDLER, MICHAEL
CITY-ST-ZIP 3333 NEW HYDE PARK RD
NEW HYDE PARK, NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000750637
CITY-ST-ZIP 05/18/07-80069-022 150.00

TITLE ☐ Delete
NAME D
STREET ADDRESS COOPER, MILTON
CITY-ST-ZIP 3333 NEW HYDE PARK RD
NEW HYDE PARK, NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CFO
STREET ADDRESS PAPPAGALLO, MIKE
CITY-ST-ZIP 3333 NEW HYDE PARK RD
NEW HYDE PARK, NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS VISCONSI, JOHN
CITY-ST-ZIP 17140 BERNARDO CENTER DRIVE
SAN DIEGO, CA 92128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS FLYNN, MIKE
CITY-ST-ZIP 3333 NEW HYDE PARK RD
NEW HYDE PARK, NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS COHEN, GLENN
CITY-ST-ZIP 3333 NEW HYDE PARK RD
NEW HYDE PARK, NY 11042

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

516 869 9000

Daytime Phone