

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 005 ***158.75

DOCUMENT # F64388

1. Entity Name
SHIMBERG-CROSS COMPANY



Principal Place of Business
**611 W. BAY ST.
TAMPA, FL 33606 US**

Mailing Address
**PO BOX 489
RIVERVIEW, FL 33568 US**

2. Principal Place of Business

3. Mailing Address
611 W Bay St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Country

Zip

33606

Country

US

03292006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2160511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROSS GLEN E.
611 W BAY ST
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
Shimberg, Mandell

Street Address (P.O. Box Number is Not Acceptable)
611 W Bay St

City
Tampa

FL

Zip Code
33606

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

Mandell Shimberg **MANDELL SHIMBERG, CVD**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VS** ☐ Delete
NAME **SHIMBERG, MANDELL**
STREET ADDRESS **611 WEST BAY ST.**
CITY-ST-ZIP **TAMPA, FL**

TITLE **PD** ☐ Delete
NAME **CROSS, GLEN E**
STREET ADDRESS **611 WEST BAY ST.**
CITY-ST-ZIP **TAMPA, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CVD** ☒ Change ☐ Addition
NAME **Shimberg, Mandell**
STREET ADDRESS **611 W Bay St**
CITY-ST-ZIP **Tampa FL 33606**

TITLE **S** ☐ Change ☒ Addition
NAME **Shimberg, Elaine**
STREET ADDRESS **611 W Bay St**
CITY-ST-ZIP **Tampa, FL 33606**

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

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

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

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:

Mandell Shimberg **MANDELL SHIMBERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-254-7567