

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90011 045 ***150.00

DOCUMENT # F9600004612
 1. Entity Name
CROSSHOST, INC.



Principal Place of Business 1640 SCHOOL STREET MORAGA, LA 94556	Mailing Address 1640 SCHOOL STREET MORAGA, LA 94556
---	---

DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2696061	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
 CAPITOL CORPORATE SERVICES, INC.
 1333 NORTH DUVAL STREET
 TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

B. 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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, CE 1640 SCHOOL STREET MORAGA, CA 94556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FULLER, GLEN 1640 SCHOOL STREET MORAGA, CA 94556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODGERS, BRIAN 1640 SCHOOL STREET MORAGA, CA 94556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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: _____ **2/25/04** **9256319100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #