

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90048 044 \*\*\*150.00

**DOCUMENT # F99000004959**

1. Entity Name  
CROSSLANTIC PARTNERS, INC.



Principal Place of Business  
611 S. FT. HARRISON AVENUE  
SUITE 317  
CLEARWATER, FL 33756

Mailing Address  
611 S. FT. HARRISON AVENUE  
SUITE 317  
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3433486

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE ROBBINS LAW FIRM, P.A.  
2639 DR. MLK JR. STREET NORTH  
ST. PETERSBURG, FL 33704

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MARQUES, ANNA  
611 S. FT. HARRISON AVENUE, SUITE #317  
CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
O'CALLAGHAN, WILLIAM  
611 S. FT. HARRISON AVENUE, SUITE #317  
CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DEFULGENTIS, ALEX  
611 S. FT. HARRISON AVENUE, SUITE #317  
CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KEHAGIAS, EVAN  
611 S. FT. HARRISON AVENUE, SUITE #317  
CLEARWATER, FL 33756

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 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

Date

Daytime Phone #

2/23/07