

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26627

Entity Name: TOM CROSS, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

608 N CASEY KEY
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

608 N CASEY KEY
OSPREY, FL 34229

New Mailing Address:

FEI Number: 59-2270068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEB, M. JOSEPH JR.
1900 RINGLING BLVD.
SARASOTA, FL 33577 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CROSS, THOMAS J,
Address: 608 N CASEY KEY
City-St-Zip: OSPREY, FL

Title: VP () Delete
Name: CROSS, PATRICIA A
Address: 608 N CASEY KEY
City-St-Zip: OSPREY, FL 34229

Title: T () Delete
Name: CROSS, PATRICIA A
Address: 608 N CASEY KEY
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J CROSS

DP

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date