**2005 FOR PROFIT CORPORATION ANNUAL REPORT** 

## FILED Jan 18, 2005 08:00 AM DOCUMENT # H11578 **Secretary of State** 1. Entity Name CROSS CITY MARINE, INC. Principal Place of Business Mailing Address U.S. 19 NORTH U.S. 19 NORTH P.O. BOX 1590 P.O. BOX 1590 CROSS CITY, FL 32628 CROSS CITY, FL 32628 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2308524 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIDDLETON, BILLY A. DO NOT WRITE 17190 NW 83RD CT TRENTON, FL 32693 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS mle NAME MIDDLETON, B.A. STREET ADDRESS 17190 NW 83RD CT. CITY-ST-Z)P TRENTON, FL 32693 TETLE U00000184858 MIDDLETON, VIRGINIA NAME 01/20/05-80046-016 158.75 17190 NW 83RD CT STREET ADDRESS CITY - ST - ZIP TRENTON, FL 32693 NAME STREET ADDRESS

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)(i). 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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-70P

NAME STREET ADDRESS CITY-ST-ZIP TITLE

Applied For

Not Applicable