



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Mar 16, 2006 08:00 AM  
JAN 18 2006  
Secretary of State  
BY: \_\_\_\_\_

<b>DOCUMENT # H53498</b> 1. Entity Name <b>CROSSWINDS DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>1200 CROSSWINDS LANDING FT. WALTON BEACH FL 32547</b>				Mailing Address <b>1200 CROSSWINDS LANDING FT. WALTON BEACH FL 32547</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: center;">  </div> <div style="text-align: right; margin-top: 10px;"> <b>1st MOORE      CR2E034 (10/05)</b> </div>	
4. FEI Number <b>59-2542515</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>FISHER, ROBERT A. 1200 CROSSWINDS LANDING FT. WALTON BEACH FL 32547</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fee</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, ROBERT A. 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000469099</b> <input type="checkbox"/> Change <input type="checkbox"/> Add <b>03/25/06-80015-014 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISHER, MARY E. 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, changed, or on an attachment with an address, with an other like empowered.					
<b>SIGNATURE:</b> <i>Robert A. Fisher</i> <b>ROBERT A. FISHER</b> 3/2/06      850-862-36					