


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # J82835 1. Entity Name CROSS ELECTRIC, INCORPORATED	
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Principal Place of Business 4000 CANOE CREEK RD. ST. CLOUD, FL 34772	Mailing Address 4000 CANOE CREEK RD. ST. CLOUD, FL 34772
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2857377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORGAN, JAMES R. 3798 FRIARS COVE RD ST. CLOUD, FL 34772

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000836550 03/04/08-80021-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZ, ROGER D 4000 CANOE CREEK RD ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MORGAN, JAMES R 3798 FRIARS COVE RD ST. CLOUD, FL
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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: *Roger D. Fitz* **2-18-08** **407-957-4354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone