

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59108

FILED
Jan 07, 2004
Secretary of State

Entity Name: CROSSROADS INSURANCE AGENCY, INC.

Current Principal Place of Business:

16407-B NW 174TH DR
ALACHUA, FL 32615 US

New Principal Place of Business:

18152 SW 111TH STREET
BROOKER, FL 32622 US

Current Mailing Address:

4020 US 441 NORTH
PO BOX 1390
ALACHUA, FL 326161390 US

New Mailing Address:

18152 SW 111TH STREET
BROOKER, FL 32622 US

FEI Number: 59-2932307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KEENEY, MALCOLM S
18152 SW 111TH STREET
BROOKER, FL 32622

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: MALCOLM S. KEENEY

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: KEENEY, MALCOLM S.,
Address: 18152 SW 111TH ST
City-St-Zip: BROOKER, FL

Title: PTD () Delete
Name: KEENEY, CYNTHIA D.,
Address: 18152 SW 111TH ST
City-St-Zip: BROOKER, FL

Title: C () Delete
Name: KEENEY, MALCOLM S.,
Address: 18152 SW 111TH ST
City-St-Zip: BROOKER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTD (X) Change () Addition
Name: KEENEY, CYNTHIA D.,
Address: 12781 GORDA CIRCLE N.
City-St-Zip: LARGO, FL 33773

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MALCOLM S. KEENEY

EVP

01/07/2004

Electronic Signature of Signing Officer or Director

Date