

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L64952**

1. Entity Name

CROSSLAND AGENCY, INC.



Principal Place of Business

215 SOUTH MONROE ST  
2ND FLOOR  
TALLAHASSEE, FL 32308 US

Mailing Address

PO BOX 10095  
2ND FLOOR  
TALLAHASSEE, FL 32302 US



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3015274

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENNINGTON, CARL R., JR.  
215 SOUTH MONROE STREET  
2ND FLOOR  
TALLAHASSEE, FL 32302

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PENNINGTON, CARL R., JR.
STREET ADDRESS	ROUTE 19, BOX 1389
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	AS
NAME	WILKINSON, BEN H
STREET ADDRESS	215 SOUTH MONROE ST, 2ND FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	S
NAME	FULMER, CAROL H
STREET ADDRESS	215 SOUTH MONROE ST, 2ND FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000019800  
01/28/04-80149-009 150.00

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 850/222-3533