


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98926</b> 1. Entity Name RIVER CROSSING COMMERCIAL, INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 US</td> <td style="width: 50%;">Mailing Address P.O. BOX 2108 ELFERS, FL 34680-2108 US</td> </tr> </table>			Principal Place of Business 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 US
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DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  HUDSON, JOHN E. 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	HUDSON, JOHN E.		
STREET ADDRESS	8801 RIVER CROSSING BLVD		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
TITLE	S		
NAME	SILVA, SUSAN		
STREET ADDRESS	8801 RIVER CROSSING BLVD	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> <u>Susan Silva</u> <b>SUSAN SILVA, SECY</b> <u>4/20/06</u> <u>727-375-1155</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3028041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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05/17/06-80118-023 150.00