## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M67631

FILED Jan 24, 2007 Secretary of State

Entity Name: CROSS ENVIRONMENTAL SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 1299 39646 FIG AVENUE CRYSTAL SPRINGS, FL 33524 CRYSTAL SPRINGS, FL 33524 US US **Current Mailing Address: New Mailing Address:** PO BOX 1299 CRYSTAL SPRINGS, FL 33524 US FEI Number: 59-2866646 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: MC KNIGHT, TERRY D 39646 FIG AVE CRYSTAL SPRINGS, FL 33524 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BISTON, CLYDE A., BISTON, CLYDE A Name: Name: 1311 MACAW ST 1311 MACAW ST Address: Address: City-St-Zip: CRYSTAL SPRINGS, FL 33524 City-St-Zip: CRYSTAL SPRINGS, FL 33524 sv Title: Title: () Delete (X) Change ( ) Addition MCKNIGHT, TERRY D MCKNIGHT, TERRY, Name: Name: 36210 ST JOE RD 36210 ST JOE RD Address: Address: DADE CITY, FL 33525 DADE CITY, FL 33525 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition SMITH, JAMES L SMITH, JAMES L Name: Name: 12235 DUCK LAKE GAEL RD 12235 DUCK LAKE CANAL RD Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON ROSENBAUER Τ 01/24/2007

ROSENBAUER, SHARON

DADE CITY, FL 33525

14041 10TH ST

Name:

Address:

City-St-Zip: