

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38696

FILED
Jun 30, 2004
Secretary of State

Entity Name: CROSSOVER INTERNATIONAL, INC.

Current Principal Place of Business:

24011 STARLING CIRCLE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

24011 STARLING CIRCLE
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3019778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOE D. MCCUTCHEN
24011 STARLING CIRCLE
LAND O LAKES, FL 34639

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCUTCHEN, JOE D.,
Address: 24011 STARLING CIRCLE
City-St-Zip: LAND O LAKES, FL 34639

Title: VD () Delete
Name: MAYO IV, JAMES
Address: 110 STONE CREEK DR
City-St-Zip: COVINGTON, GA 30016

Title: STD () Delete
Name: MCCUTCHEN, JUDY,
Address: 24011 STARLING CIRCLE
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: JENKINS, JONATHON,
Address: 175 AUTUMN LEAF RD
City-St-Zip: TROUTMAN, NC 28166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MCCUTCHEN

STD

06/30/2004

Electronic Signature of Signing Officer or Director

Date