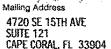
## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P00000000210

CROSS & ASSOCIATES REAL ESTATE, INC.

Principal Place of Business

4720 SE 15TH AVE SUITE 121 CAPE CORAL, FL 33904



## **FILED** Jul 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE
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No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0972071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

IN THIS SPACE

Fee Required

5. Name and Address of Current Registered Agent DO NOT WRITE

CROSS, VIRGINIA MAY 4720 SE 15TH AVE **SUITE 121** CAPE CORAL, FL 33904

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10. TITLE

MAME

NAME STREET ADDRESS CRY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

\$. 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, typed or printed name of registered egent and title if applicable.

(NOTE Reprétered Agent signature required when reinstailing)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. 🛊

\$5.00 May Be Added to Fees

07132004

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

DATE

CROSS, VIRGINIA MAY STREET ADDRESS 4720 SE 15TH AVE SUITE 121 CATY-ST-7P CAPE CORAL, FL 33904

TITLE NAME. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CRY-ST-ZP TITLE

OFFICERS AND DIRECTORS

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)(1), 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 path; 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: 1

NAME OF SIGNING OFFICER OR DIRECTOR