

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000013783

1. Entity Name
CROSS-U-TRAIL, INC.



Principal Place of Business

**436 BAYSHORE DRIVE
VENICE, FL 34285**

Mailing Address

**436 BAYSHORE DRIVE
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0998487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARTENSTINE, J. MICHAEL
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KOCH, CHARLES E
STREET ADDRESS	436 BAYSHORE DR.
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VPSD
NAME	KOCH, BETTY L
STREET ADDRESS	436 BAYSHORE DR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80029-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08

941-488-1585