

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90039 009 ***150.00

DOCUMENT # P00000092022

1. Entity Name
CROSSROADS COFFEEHOUSE AND CAFE, INC.



Principal Place of Business
**3 CLIFFORD DRIVE
SHALIMAR, FL 32579**

Mailing Address
**3 CLIFFORD DRIVE
SHALIMAR, FL 32579**

54024042



03242004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3681868

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HARRELL, ROBISON R
3 CLIFFORD DRIVE
SHALIMAR, FL 32579**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRELL, ROBISON R	
STREET ADDRESS	3 CLIFFORD DRIVE	
CITY - ST - ZIP	SHALIMAR, FL 32579	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRELL, LONNETTE E	
STREET ADDRESS	3 CLIFFORD DRIVE	
CITY - ST - ZIP	SHALIMAR, FL 32579	

TITLE	STD	<input type="checkbox"/> Delete
NAME	GARCIA, DAWN L	
STREET ADDRESS	3 CLIFFORD DRIVE	
CITY - ST - ZIP	SHALIMAR, FL 32579	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

3/24/04 850-657-1111