


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 047 ***150.00

| | |
|---|---|
| DOCUMENT # P01000010859 |  |
| 1. Entity Name CROSSROADS 5 & 6 CORPORATION | |

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|---|---|
| Principal Place of Business 100 E RIVERCENTER BLVD SUITE 1100 COVINGTON KY 41011 | Mailing Address PO BOX 75020 CINCINNATI OH 45275 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent BROCKMAN, CHRISTOPHER C 200 SOUTH ORANGE AVENUE SUITE 2600 ORLANDO FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BUTLER, WILLIAM P | | NAME | |
| STREET ADDRESS 100 E RIVERCENTER BLVD SUITE 1100 | | STREET ADDRESS | |
| CITY-ST-ZIP COVINGTON KY 41011 | | CITY-ST-ZIP | |
| TITLE VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BLACKHAM, J.W. | | NAME | |
| STREET ADDRESS 100 E RIVERCENTER BLVD SUITE 1100 | | STREET ADDRESS | |
| CITY-ST-ZIP COVINGTON KY 41011 | | CITY-ST-ZIP | |
| TITLE VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BANTA, THOMAS E | | NAME | |
| STREET ADDRESS 100 E RIVERCENTER BLVD SUITE 1100 | | STREET ADDRESS | |
| CITY-ST-ZIP COVINGTON KY 41011 | | CITY-ST-ZIP | |
| TITLE AS | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MALOTT, ELVA | | NAME | |
| STREET ADDRESS 100 E. RIVERCENTER BLVD., STE. 1100 | | STREET ADDRESS | |
| CITY-ST-ZIP COVINGTON KY 41011 | | CITY-ST-ZIP | |
| TITLE AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME OLSON, PHYLLIS | | NAME | |
| STREET ADDRESS 100 E. RIVERCENTER BLVD., STE. 1100 | | STREET ADDRESS | |
| CITY-ST-ZIP COVINGTON KY 41011 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Phyllis Olson **1/22/2004** **859-292-5507**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**