


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90225 047 ***150.00

DOCUMENT # P01000010859

1. Entity Name
CROSSROADS 5 & 6 CORPORATION



Principal Place of Business Mailing Address

100 E RIVERCENTER BLVD SUITE 1100 **PO BOX 75020**
COVINGTON, KY 41011 **CINCINNATI, OH 45275**

50052304

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03182005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

58-2597567 Not Applicable

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM P	
STREET ADDRESS	100 E RIVERCENTER BLVD SUITE 1100	
CITY-ST-ZIP	COVINGTON, KY 41011	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLACKHAM, J.W.	
STREET ADDRESS	100 E RIVERCENTER BLVD SUITE 1100	
CITY-ST-ZIP	COVINGTON, KY 41011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANTA, THOMAS E	
STREET ADDRESS	100 E RIVERCENTER BLVD SUITE 1100	
CITY-ST-ZIP	COVINGTON, KY 41011	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	OLSON, PHYLLIS	
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1100	
CITY-ST-ZIP	COVINGTON, KY 41011	
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Thomas Banta 5/6/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #