

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025159

Entity Name: PS-CROSS CREEK, INC.

FILED  
Feb 19, 2010  
Secretary of State

**Current Principal Place of Business:**

105 SOUTH BRADFORD AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

10301 CROSS CREEK BLVD  
TAMPA, FL 33647

**Current Mailing Address:**

105 SOUTH BRADFORD AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3704408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RADTKE, RICHARD J  
105 S. BRADFORD AVE  
TAMPA, FL 33609    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RADTKE, JANA G  
Address: 105 SOUTH BRADFORD AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: VSD  
Name: RADTKE, RICHARD J  
Address: 105 SOUTH BRADFORD AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: TD  
Name: MARCUS, JOEL M  
Address: 676 W PROSPECT ROAD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D  
Name: BLACKARD, CHRISTY L  
Address: 114 SOUTH LINCOLN AVE  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: RADTKE, JOHN-RYAN J  
Address: 10737 SW 17TH STREET APT#8  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD RADTKE

VS

02/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date