

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100229

Entity Name: ACROSSLAND FINANCIAL, INC.

FILED  
Aug 13, 2007  
Secretary of State

**Current Principal Place of Business:**

5775 COLLINS AVE  
SUITE #709  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4878 ESPLANADE STREET  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 65-1148736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAND, STACY  
5775 COLLINS AVE  
#709  
MIAMI BEACH, FL 33140 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: CARROLL, DENISE  
Address: 1621 WASHBURN AVE  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: CARROLL, DENISE  
Address: 4878 ESPLANADE STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENISE CARROLL

ST

08/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date