

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003606

FILED
Apr 01, 2008
Secretary of State

Entity Name: THE CROSS OVER COMPANY

Current Principal Place of Business:

106 WEST WINDHORST ROAD
STE 101
BRANDON, FL 335102429

New Principal Place of Business:

Current Mailing Address:

5313 LAUREL POINTE DR.
VALRICO, FL 33594 US

New Mailing Address:

5313 LAUREL POINTE DR.
VALRICO, FL 33596 US

FEI Number: 02-0533139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURKIN, WILLIAM H
106 WEST WINDHORST ROAD
SUITE 101
BRANDON, FL 335102429 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: P () Delete
Name: ACKERMAN, CYNTHIA A
Address: 5313 LAUREL POINTE DR.
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: ACKERMAN, NEWELL K
Address: 5313 LAUREL POINTE DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NEWELL K ACKERMAN

DIR

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date