

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111638

Entity Name: CROSS REMEDIATION, INC.

FILED  
Jan 24, 2007  
Secretary of State

## Current Principal Place of Business:

39646 FIG AVENUE  
CRYSTAL SPRINGS, FL 33524

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 1299  
CRYSTAL SPRINGS, FL 33524

## New Mailing Address:

FEI Number: 11-3661028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKNIGHT, TERRY D  
39646 FIG AVENUE  
CRYSTAL SPRINGS, FL 33524 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: DPST ( ) Delete  
Name: BISTON, CLYDE A  
Address: 39646 FIG AVENUE  
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: V ( ) Delete  
Name: SMITH, JAMES L  
Address: 12235 DUCK LAKE CANAL RD  
City-St-Zip: DADE CITY, FL 33525

## 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 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: CLYDE A BISTON

DPST

01/24/2007

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

\_\_\_\_\_  
Date