

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM  
Secretary of State

DOCUMENT # P02000118936

1. Entity Name

CROSSROADS ENVIRONMENTAL CONSULTANTS, INC.



Principal Place of Business

1251 SW 27TH STREET  
SUITE 2  
PALM CITY, FL 34990 US

Mailing Address

1251 SW 27TH STREET  
SUITE 2  
PALM CITY, FL 34990 US

DO NOT WRITE IN THIS SPACE



01122008

No Chg-P

CR2E034 (11/05)

4. FEI Number  
06-1657601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RUBIN & RUBIN  
520 S. FEDERAL HIGHWAY  
STUART, FL 34994

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME OVERDORF, TOBIN  
STREET ADDRESS 4020 SW RIVERS END WAY  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D  
NAME OVERDORF, MARGARET L  
STREET ADDRESS 4020 SW RIVERS END WAY  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000825120  
02/20/08-80106-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #