2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000128354 01-12-2004 90009 046 ***150.00 CROSSTOWN SURVEYORS, INC. Principal Place of Business Mailing Address 635 6TH AVE. NORTH PO BOX 20051 SAINT PETERSBURG, FL 33742 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address 971 HUENUE NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) Chg-P Applied For 4. FFI Number City & State ST. PETGRERY 11-3666694 Not Applicable Country Zip Zip ____ \$8.75. Additional. 5. Certificate of Status Desired Fee Required V-5 . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNAUST, WARREN JESQ. Street Address (P.O. Box Number is Not Acceptable) 2167 5TH AVE, NORTH ST. PETERSBURG, FL 33713 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 30 ☐ Change ☐ Addition TITLE ☐ Delete TITLE STRACHAN, JOHN NAME STRACHAN, JOHN NAME 2601 9TH AVENUE NORTH 635 6TH AVE. NORTH STREET ADDRESS STREET ADDRESS ST. PETER ENRY CITY-ST-ZIP ST. PETERSBURG, FL 3373301 CITY-ST-ZIP 33713 ☐ Addition Change ☐ Delete TITLE TITLE WILLIAMS, SCOTT NAME NAME 10171 12TH AVE, NORTH, APT 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-Zip 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 jike empowered. SIGNATURE:

FILED

Jan 12, 2004 8:00 am