

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128354

FILED
Jan 07, 2009
Secretary of State

Entity Name: CROSSTOWN SURVEYORS, INC.

Current Principal Place of Business:

12441 ADVENTURE DRIVE
RIVERVIEW, FL 33579

New Principal Place of Business:

Current Mailing Address:

12441 ADVENTURE DRIVE
RIVERVIEW, FL 33579

New Mailing Address:

FEI Number: 11-3666694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SCOTT
12441 ADVENTURE DRIVE
RIVERVIEW, FL 33579 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,D () Delete
Name: STRACHAN, JOHN
Address: 13116 PRESTWICK DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VP,S () Delete
Name: WILLIAMS, SCOTT
Address: 12441 ADVENTURE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: STRACHAN, JOHN
Address: 236 22ND AVENUE SOUTHEAST
City-St-Zip: ST. PETERSBURG, FL 33705

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: SCOTT WILLIAMS

VP

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date