2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000032451

1. Entity Name
HIBISCUS CROSSING, INC.

Principal Place of Business	Mailing Address
242 FIFTH AVENUE INDIALANTIC, FL 32903-3307	PO BOX 33307 INDIALANTIC, FL 32903-3307

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1059020
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1800 WEST HIBISCUS BOULEVARD, SUITE 138
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000934801
05/23/08-80047-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COCHRAN, SR, ROBERT L
STREET ADDRESS	242 FIFTH AVENUE
CITY-ST-ZIP	INDIALANTIC, FL 329033307
TITLE	DST
NAME	COCHRAN, EVA M
STREET ADDRESS	242 FIFTH AVENUE
CITY-ST-ZIP	INDIALANTIC, FL 329033307
TITLE	DVP
NAME	COCHRAN, ROBERT L
STREET ADDRESS	242 FIFTH AVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
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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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: Eva Mae Cochran 4-28-08 3217223406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #