


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90003 003 ***150.00

DOCUMENT # P03000034306	
1. Entity Name CROSS BROTHERS CONSTRUCTION, INC.	

Principal Place of Business 20500 REYNOLDS PKWY ORLANDO, FL 32833	Mailing Address 20500 REYNOLDS PKWY ORLANDO, FL 32833
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1819 Chamberlin St Suite, Apt. #, etc.
City & State	City & State Orlando, FL
Zip 32806	Country

44086033



09182004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CROSS, LEO J 20500 REYNOLDS PKWY. ORLANDO, FL 32833	
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7. Name and Address of New Registered Agent Name Cross, Leo J Street Address (P.O. Box Number is Not Acceptable) 1819 Chamberlin St City Orlando State FL Zip Code 32806	
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 <u><i>Leo Cross</i></u> DATE <u>9/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, LEO J 20500 REYNOLDS PKWY. ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.	
SIGNATURE: <u><i>Leo Cross</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>9/20/04</u> DAYTIME PHONE # <u>407-492-0024</u>