2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 8:00 am Secretary of State 05-03-2005 90090 034 ***150.00 DOCUMENT # P03000041272 CROSSJOIN CONSULTING, INC. 7 U V I U V - 1 Principal Place of Business Mailing Address 8987 BENSALEM ROAD 8987 BENSALEM ROAD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Pface of Business 3. Mailing Address 4935 Prince Edward Rd. 4935 Prince Edward Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 71-0943896 Not Applicable Country Country Zip 32210 32210\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSHING, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32205 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MR TITLE Delete TITS F XXChange Addition CHAFFIN, JOHN MARK NAME NAME 4935 Prince Edward Rd. STREET ADDRESS 8987 BENSALEM ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-7IP 32210 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIRLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition □ Change NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information spot 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 e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the same legal other like empowered.

FILED

John Mark Chaffin

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied indicated on this report or supplemental

of the corporation or the changed, or on an atta