


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90090 034 ***150.00

DOCUMENT # P03000041272 1. Entity Name CROSSJOIN CONSULTING, INC.																													
Principal Place of Business 8987 BENSALEM ROAD JACKSONVILLE, FL 32257			Mailing Address 8987 BENSALEM ROAD JACKSONVILLE, FL 32257																										
2. Principal Place of Business 4935 Prince Edward Rd. Suite, Apt. #, etc.		3. Mailing Address 4935 Prince Edward Rd. Suite, Apt. #, etc.																											
City & State		City & State																											
Zip 32210	Country	Zip 32210	Country																										
6. Name and Address of Current Registered Agent RUSHING, ROBERT K 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																										
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 _____ <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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAFFIN, JOHN MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8987 BENSALEM ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32257</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">XX Change <input type="checkbox"/> Addition</td> <td style="width: 40%;"></td> </tr> <tr> <td>NAME</td> <td>4935 Prince Edward Rd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>32210</td> <td></td> </tr> </table> </div> </div>						TITLE	MR	<input type="checkbox"/> Delete	NAME	CHAFFIN, JOHN MARK		STREET ADDRESS	8987 BENSALEM ROAD		CITY-ST-ZIP	JACKSONVILLE, FL 32257		TITLE	XX Change <input type="checkbox"/> Addition		NAME	4935 Prince Edward Rd.		STREET ADDRESS			CITY-ST-ZIP	32210	
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04262005 Chg-P CR2E034 (10/03)

4. FEI Number
71-0943896

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

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 John Mark Chaffin

Date: 4/28/05
 Daytime Phone #