


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-04-2004 90013 042 ***150.00

DOCUMENT # P03000110874	
1. Entity Name D, D & D CROSSING, INC.	

bb409040



MOORE CR2E034 (11/03)

Principal Place of Business 4800 N. FEDERAL HWY., STE. 307B BOCA RATON FL 33431	Mailing Address 4800 N. FEDERAL HWY., STE. 307B BOCA RATON FL 33431
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2. Principal Place of Business 617 LAKE AVE	3. Mailing Address 617 LAKE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33460	Country FL
Country FL	Country FL

4. FEI Number 52-2403777	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GEROW, JEFFREY S ESQ. 4800 N. FEDERAL HWY., STE. 307B BOCA RATON FL 33431	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIMATTINA, ERNEST H		NAME DIMATTINA ERNEST H	
STREET ADDRESS 4800 N. FEDERAL HWY., STE. 307B		STREET ADDRESS 617 LAKE AVE	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP LAKE WORTH FL 33460	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIMATTINA, ERIC L		NAME DIMATTINA ERIC L	
STREET ADDRESS 4800 N. FEDERAL HWY., STE. 307B		STREET ADDRESS 617 LAKE AVE	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP LAKE WORTH FL 33460	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-04 (SC1) **5889900**