## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000020843

Address:

City-St-Zip:

3154 BAYSHORE OAKS DR.

TAMPA, FL 33611

Entity Name: CROSSTREE CAPITAL PARTNERS, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
150 SECOND STREET N.					4902 EISENHOWER BLVD				
1170 ST. PETERSBURG, FL 33701					125 TAMPA, FL 33634				
Current Mailing Address:					New Mailing Address:				
150 SECOND STREET N.					4902 EISENHOWER BLVD				
1170 ST. PETERSBURG, FL 33701					125 TAMPA, FL 33634				
FEI Number	: 20-0712019	FEI Number Ap	plied For ( )	FEI Num	ber Not Appl	icable ( )	Certifica	ate of Status Des	ired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
	SHANE C NVILLE CT. N RSBURG, FL								
	named entity e of Florida.	submits this stat	ement for the pu	ırpose of	changing it	s registere	d office or r	egistered agei	nt, or both,
SIGNATUI	RE:								
Electronic Signature of Registered Agent					Date				
Election Car	mpaign Financin	g Trust Fund Cont	ribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	SENIOR, SHÀN 3082 GRANVIL				Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ELLIS, JEFF 212 S. OCCIDI TAMPA,, FL 3:				Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name:	VP ( RYERSON, GO	) Delete DRDON			Title: Name:	VP RYERSON,	(X) Change GORDON	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

4002 W. EUCLID AVE.

TAMPA, FL 33629

SIGNATURE: JEFF ELLIS VΡ 01/06/2005