

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 009 ***550.00

DOCUMENT # P04000021514

1. Entity Name
CROSSRIDGE, INC.



Principal Place of Business
**215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747**

Mailing Address
**215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747**

40089942



2. Principal Place of Business
215 Celebration Place

3. Mailing Address
13506 Summerport Village

Suite, Apt. #, etc.
Suite 115

Suite, Apt. #, etc.
#315

03082006 Chg-P CR2E034 (11/05)

City & State
Celebration, FL

City & State
Windermere, FL

4. FEI Number
51-0496659

Applied For
Not Applicable

Zip
34747

Country
Osceola

Zip
34786

Country
Orange

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

6. Name and Address of Current Registered Agent

**RAYMOND, DAVID D
215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

215 Celebration Place

Suite 115

City
Celebration,

FL

Zip Code
34747

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
RAYMOND, DAVID D
229 BRAELOCH DRIVE
OCOE, FL 34761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
RAYMOND, KELLY S
229 BRAELOCH DRIVE
OCOE, FL 34761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAWCUM, RICK
215 CELEBRATION PLACE, STE 500
CELEBRATION, FL 34747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Bawcum, Rick
215 Celebration Place, Suite 115
Celebration, FL 34747** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kelly S Raymond** Treasurer