

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-28-2005 90205 007 ****50.00
 06-01-2005 90014 025 ***100.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000046265 1. Entity Name CROSSTOWN LAND DEVELOPMENT, INC.					
Principal Place of Business 3355 BEARSS AVENUE TAMPA, FL 33618			Mailing Address 3355 BEARSS AVENUE TAMPA, FL 33618		
2. Principal Place of Business 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.		3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.			
City & State Tampa, FL Zip 33618 Country US		City & State Tampa, FL Zip 33618 Country US		4. FEI Number 25-3149037	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618				7. Name and Address of New Registered Agent Name Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City Tampa FL Zip Code 33618	
8. This 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 Walter Sanders Walter Sanders 4/22/05 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, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, WALTER ☐ Delete 3355 BEARSS AVENUE TAMPA, FL 33618			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-25-05 813-841-5098 Date Daytime Phone	