


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90029 029 \*\*\*150.00

<b>DOCUMENT # P04000104784</b>	
1. Entity Name <b>CROSS CARRIERS, INC.</b>	

Principal Place of Business <b>15826 GOLDEN CLUB STREET CLERMONT, FL 34711</b>	Mailing Address <b>614 E. HIGHWAY 50 BOX 121 CLERMONT, FL 34711</b>
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2. Principal Place of Business <b>15525 Kensington Trail</b> Suite, Apt. #, etc. <b>CLERMONT, FL 34711</b>	3. Mailing Address <b>- SAME -</b> Suite, Apt. #, etc.
City & State <b>34711 USA</b>	City & State
Zip <b>34711</b>	Country

01162005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1359835</b>	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 <b>DAVIS, JOHNNY R JR. 15826 GOLDEN CLUB STREET CLERMONT, FL 34711</b>
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7. Name and Address of New Registered Agent Name <b>Johnny R. Davis Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>15525 Kensington Trail</b> City <b>CLERMONT</b> FL Zip Code <b>34711</b>
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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 	DATE <b>1-15-08</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC DAVIS, JOHNNY R JR. 614 E. HIGHWAY 50 BOX 121 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, EMILY J 614 E. HIGHWAY 50 BOX 121 CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVDT Johnny R. Davis Jr. 614 E. Hwy 50 Box 121 CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 	DATE: <b>1-15-05</b>	DAYTIME PHONE #: <b>321-234-9862</b>
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