07/27/2005 13:54 8156238914 GJ FOSTER

FILED
Sep 02, 2005 8:00 am
Secretary of State
09-02-2005 90011 043 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50064508

07222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000162909

1. Entity Name
CROIXCO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
9076 EAGLES RIDGE DR. TALLAHASSEE, FL 32312	9076 EAGLES RIDGE DR. TALLAHASSEE, FL 32312

2. Principal Place of Business	3. Mailing Address
3019 Gem Luster CT	3019 Gem Luster CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico FL	City & State: Valrico FL
Zip: 33594 County: Hillsborough	Zip: 33594 County: Hillsborough

4. FEI Number: 20-2006431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

METZ, DON
9076 EGLES RIDGE DR.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name: Bart Fisher
Street Address (P.O. Box Number is Not Acceptable): 3019 Gem Luster Ct
City: VALRICO FL Zip Code: 33594

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: Bartley J. Fisher 8-19-05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P METZ, DON 9076 EAGLES RIDGE DR. TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / CEO MARTHA FISHER 3019 Gem Luster Ct VALRICO, FL. 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAUGEN, TODD 786 STONEWALL CT. SCHAUMBURG, IL 60173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FISHER, BART 786 STONEWALL CT. SCHAUMBURG, IL 60173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: Martha Fisher 8-21-05 (651) 248-9493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #