

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/1

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90037 039 \*\*\*150.00

**DOCUMENT # P05000093855**

1. Entity Name  
**NORTH CROSSROADS VENTURES, INC.**



Principal Place of Business  
**3241 SE 1ST COURT  
CAPE CORAL, FL 33904**

Mailing Address  
**3241 SE 1ST COURT  
CAPE CORAL, FL 33904**

**66013532**



**DO NOT WRITE IN THIS SPACE**

04032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3085380**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRUNBERG, BONNIE G  
3241 SE 1ST COURT  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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  
**SEC  
GRUNBERG, BONNIE G  
3241 SE 1ST COURT  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TRES  
SHOCKLEY, TAMMY J  
3241 SE 1ST COURT  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRES  
MULLIGAN, MARK  
3237 SE 1ST COURT  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
GRUNBERG, MARK  
3955 LUVERNE STREET  
FORT MYERS, FL 33901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
HILL, DONALD  
3955 LUVERNE STREET  
FORT MYERS, FL 33901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone