2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P05000093855

1. Entity Name
NORTH CROSSROADS VENTURES, INC.

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

DO NOT WRITE IN THIS SPACE

04082008 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

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000833096
04/23/08-80090-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	SEC
NAME	GRUNBERG, BONNIE G
STREET ADDRESS	3241 SE 1ST COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	TRES
NAME	SHOCKLEY, TAMMY J
STREET ADDRESS	3241 SE 1ST COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	PRES
NAME	MULLIGAN, MARK
STREET ADDRESS	3237 SE 1ST COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	GRUNBERG, MARK
STREET ADDRESS	3955 LUVERNE STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	VP
NAME	HILL, DONALD
STREET ADDRESS	3955 LUVERNE STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bonnie Grunberg 4/9/08 239-822-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #