

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000139506

1. Entity Name
CROSSROADS CONSTRUCTION OF N.W. FL, INC.



**FILED
Feb 13, 2006 8:00 am
Secretary of State**

02-13-2006 90004 023 ***150.00

Principal Place of Business 1302 DOUGLAS CROSSROADS DEFUNIAK SPRINGS, FL 32435 US		Mailing Address 1302 DOUGLAS CROSSROADS DEFUNIAK SPRINGS, FL 32435 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CASSIDY, RANDALL M- 1302 DOUGLAS CROSSROADS DEFUNIAK SPRINGS, FL 32435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>CASSIDY, RANDALL M 1302 DOUGLAS CROSSROADS DEFUNIAK SPRINGS, FL 32435</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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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: *Randall M Cassidy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 850-836-2500

Date

Daytime Phone #