


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000058661	
1. Entity Name MICHAEL CROSS INSTALLATIONS INC.	

FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business 921 FOREST ST NE PALM BAY, FL 32907 US	Mailing Address 921 FOREST ST NE PALM BAY, FL 32907 US
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07042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1758608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROSS, MICHAEL A 921 FOREST ST NE PALM BAY, FL 32907

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000953732 07/09/08-80003-016 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, MICHAEL A 921 FOREST ST NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JOYCE E 921 FOREST ST NE PALM BAY, FL 32907
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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: <i>Joyce E Jones</i> Joyce E. Jones 07-07-08 321-724-8939 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>