

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126355

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** CROSS ROADS RESOLUTIONS, INC.

**Current Principal Place of Business:**

409 S. 2ND ST.  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

1120 N. HOMESTEAD ROAD  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

409 S. 2ND ST.  
IMMOKALEE, FL 34142

**New Mailing Address:**

9273 AEGEAN CIRCLE  
LEHIGH ACRES, FL 33936

FEI Number: 20-5627366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLOAN, SHIRLEY J.  
409 S. 2ND ST.  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

SLOAN, SHIRLEY J.  
9273 AEGEAN CIRCLE  
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SLOAN, SHIRLEY J.  
Address: 9273 AEGEAN CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHILREY J. SLOAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/27/2011

\_\_\_\_\_  
Date