2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P93000056510

Entity Name: CROSSROADS ENTERPRISES, INC.

Current Principal Place of Business:

9220 NOROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

9220 NOROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3203534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALIANTE, DAVE SR
9220 NO ROAD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

VALIANTE, FRANCES L
9220 NO ROAD
JACKSONVILLE, FL 32210 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: FRANCES L. VALIANTE 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: VALIANTE, DAVE SR.
Address: 9220 NOROAD
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: VALIANTE, DARREN F.
Address: 9240 NOROAD
City-St-Zip: JACKSONVILLE, FL

Title: V (X) Delete
Name: VALIANTE, FRANCES L
Address: 9220 NO ROAD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: VALIANTE, FRANCES L
Address: 9220 NOROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V (X) Change ( ) Addition
Name: VALIANTE, DARREN F.
Address: 9240 NOROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCES L. VALIANTE DP 04/29/2004
Electronic Signature of Signing Officer or Director Date