


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000089695	
1. Entity Name CROSSROADS ENGINEERING & SURVEYING, INC.	

Principal Place of Business 1402 ROYAL PALM BCH BLVD. BLDG 500 ROYAL PALM BEACH, FL 33411 US	Mailing Address 1402 ROYAL PALM BCH BLVD. BLDG 500 ROYAL PALM BEACH, FL 33411 US
--	--



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0546459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILLETTE, DANA I 1402 ROYAL PALM BCH BLVD BLDG 500 ROYAL PALM BEACH, FL 33411

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLETTE, DANA I 1402 ROYAL PALM BCH BLVD, BLDG 500 ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEATH, KIMBERLY A 1402 ROYAL PALM BCH BLVD, BLDG 500 ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES F NOTH 1402 ROYAL PALM BEACH BLVD, BLDG 500 ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000116379
04/16/04-80062-009 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kimberly A. Heath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly A. Heath

4-6-04

561-753-9723

Date

Daytime Phone #