2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000089695

CROSSROADS ENGINEERING & SURVEYING, INC.



Principal Place of Business

Mailing Address

1402 ROYAL PALM BCH BLVD. **BLDG 500**

ROYAL PALM BEACH, FL 33411

1402 ROYAL PALM BCH BLVD.

BLDG 500

ROYAL PALM BEACH, FL 33411

FILED

Apr 08, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

03012005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0546459 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLETTE, DANA I 1402 ROYAL PALM BCH BLVD **BLDG 500**

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ROYAL PALM BEACH, FL 33411						
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable "INDTE Registered				Agent signature required when relicitating) DATE		
	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		<u>, a en específica de la premiosió</u> la je	AL MET MANUFACTURE TO THE TOTAL BELL OF THE TOTAL AND THE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLETTE, DANA I 1402 ROYAL PALM BCH BLVD, BLDG 500 ROYAL PALM BEACH, FL				U00000293949 04/08/05-80048-016 158.75	
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			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TMLE		I		• •	· 	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

NAME STREET ADDRESS CITY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR