## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000059139

LILLIBRIDGE, ETHAN T

29251 CHANDLER TRACE

WESLEY CHAPEL, FL 33544

Name:

Address:

City-St-Zip:

Entity Name: CROSS CONSTRUCTION SERVICES, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
25221 STATE ROAD 54 WEST LUTZ, FL 33559			25221 WESLEY CHAPEL BOULEVARD LUTZ, FL 33559		
Current Mailing Address:			New Mailing Address:		
25221 STATE ROAD 54 WEST LUTZ, FL 33559			25221 WESLEY CHAPEL BOULEVARD LUTZ, FL 33559		
FEI Number	: 59-3423008	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAMPA, F		S	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Age			gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name:	ARNEY, RUSS	) Delete	Title:		
Address: City-St-Zip:	PLANT CITY, F	EN OAKS CIRCLE	Name: Address: City-St-Zip:	() Change () Addition	
	PLANT CITY, F S/T ( ROBINSON, D 5207 SADDLE	EN OAKS CIRCLE :L 33565 ) Delete ONNA J	Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address:	PLANT CITY, F S/T ( ROBINSON, D: 5207 SADDLE WESLEY CHA  VP ( HANSON, ANTI 29334 LAUGHI	EN OAKS CIRCLE EL 33565  ) Delete ONNA J BROOK WAY PEL, FL 33543  ) Delete HONY V	Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUSSELL E. ARNEY PRES 01/14/2009