

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059139

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** CROSS CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

25221 WESLEY CHAPEL BOULEVARD  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

25221 WESLEY CHAPEL BOULEVARD  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 59-3423008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLCOMB, VICTOR W  
201 N. ARMENIA AVENUE  
TAMPA, FL 33609 US

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

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ARNEY, RUSSELL E  
**Address:** 3530 SAM ALLEN OAKS CIRCLE  
**City-St-Zip:** PLANT CITY, FL 33565

**Title:** S/T  
**Name:** ROBINSON, DONNA J  
**Address:** 5207 SADDLEBROOK WAY  
**City-St-Zip:** WESLEY CHAPEL, FL 33543

**Title:** VP  
**Name:** HANSON, ANTHONY V  
**Address:** 29334 LAUGHRIDGE PLACE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

**Title:** VP  
**Name:** LILLIBRIDGE, ETHAN T  
**Address:** 29251 CHANDLER TRACE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** DONNA J. ROBINSON

S/T

01/14/2010

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

\_\_\_\_\_  
Date