

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000090855 1. Entity Name RIVER CROSSING REAL ESTATE, INC.	
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Principal Place of Business 43309 US HIGHWAY 19 TARPON SPRINGS, FL 34689	Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34688-1608 US
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3415469	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, LEW
43309 US HWY 19 N
TARPON SPRINGS, FL 34689

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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
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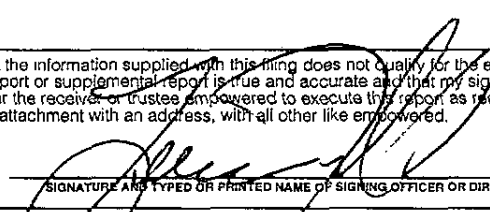
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRIEDLAND, LEW 43309 US HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FORD, DAVID 43309 US 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEYS GLEN 1418 CIRCLE DR. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  LEW FRIEDLAND 2/4/04 727-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #