2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000090855

1. Entity Name
RIVER CROSSING REAL ESTATE, INC.

Principal Place of Business	Mailing Address
43309 US HIGHWAY 19 TARPON SPRINGS, FL 34689	PO BOX 1608 TARPON SPRINGS, FL 34688-1608 US

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000412340
02/10/06-80044-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRIEDLAND, LEW
STREET ADDRESS	43309 US HWY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	DST
NAME	FORD, DAVID
STREET ADDRESS	43309 US 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	D
NAME	KEYS GLEN
STREET ADDRESS	1418 CIRCLE DR.
CITY-ST-ZIP	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ LEN FRIEDLAND 4/4/06 (727) 942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #