


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90011 001 ***150.00

DOCUMENT # P96000095425
1. Entity Name
CROSS COUNTRY HOME HOLDINGS, INC.



Principal Place of Business
**1625 NW 136TH ST
STE 200
FORT LAUDERDALE, FL 33323**

Mailing Address
**P.O. BOX 551540
FT LAUDERDALE, FL 33355-1540**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3337541

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUDGES, ROBERT
1625 NW 136TH AVE STE 200
FORT LAUDERDALE, FL 33323**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLK, HOWARD L	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	P	<input type="checkbox"/> Delete
NAME	FINN, SANDRA C	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	JUDGES, ROBERT	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FT LAUDERDALE, FL 33323	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAHAM, THOMAS	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLK, NATHAN T	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOLK, SIDNEY D	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolk, Howard L.	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	Director/V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolk, Jeffrey C.	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert W. Judges* **Robert W. Judges** **1/6/04** **954-845-2325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #