

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000056519

1. Entity Name

THE STORK CROSSING, INC.



Principal Place of Business

721-26TH AVENUE NORTH
ST. PETERSBURG FL 33704
US

Mailing Address

721 - 26TH AVENUE NORTH
ST. PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3457990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, DONALD B JR
721 - 26TH AVENUE NORTH
ST. PETERSBURG FL 33704

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SZAJNA, CELESTE	
STREET ADDRESS	721 - 26TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALKER, JEANETTE	
STREET ADDRESS	721 - 26TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, DONALD B JR	
STREET ADDRESS	721 - 26TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHIRLEY, SCOTT	
STREET ADDRESS	721 - 26TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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03/30/05-80033-009 150.00

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:

Donald B. Walker, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2005 727-895-6240
Date Daytime Phone #