## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 06, 2008 08:00 Al DOCUMENT # P97000056519 1. Entity Name Secretary of State THE STORK CROSSING, INC. Principal Place of Business Mailing Address 721 - 26TH AVENUE NORTH ST. PETERSBURG FL 33704 721-26TH AVENUE NORTH ST. PETERSBURG FL 33704 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 59-3457990 Not Applicable Ζıρ Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, DONALD B JR Street Address (P.O. Box Number is Not Acceptable) 721 - 26TH AVENUE NORTH ST. PETERSBURG FL 33704 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 Squature, is paid or primed learns of registribid agent and stills. Emphasise (NOTE: Registered Agent a miniture required whole reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition NAME SZAJNA, CELESTE NAME U000000817810 STREET ADDRESS 721 - 26TH AVENUE NORTH STREET ADDRESS 02/15/08-80016-002 150.00 CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP ☐ Change VD TITLE ☐ Defeie TITLE ■ Addition NAME WALKER, JEANETTE NAME STREET ADDRESS 721 - 26TH AVENUE NORTH STREET ADDRESS CITY - ST - ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE Derete TITLE Change ☐ Addition NAME NAME WALKER, DONALD B JR STREET ADDRESS STREET ADDRESS 721 - 26TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 TITLE ☐ Derete TITLE Change Addition SHIRLEY, SCOTT NAME NAME STREET ADDRESS 721 - 26TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL 33704 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Deiete TITLE Change Acdition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-218 CITY - ST - ZIP

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 another 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.

12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119. Florida Statutes I further certify that the information

SIGNATURE:

MALL D. WELLEY L. DONNED B. WALKEN, JA, NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2008 727-895-62-40
Date Phone \*