

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90063 022 ***150.00

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1. Entity Name

STRATEGIC CROSSING CORPORATION



Principal Place of Business

**17 WEST CEDAR STREET
SUITE 3
PENSACOLA FL 32501**

Mailing Address

**PO BOX 12725
PENSACOLA FL 32501**

24033329



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3507139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA FL 32501**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☐ Delete
NAME SPENCER, BRIAN K
STREET ADDRESS 17 E. MAIN ST, SUITE 100
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete
NAME NASH, NEAL B
STREET ADDRESS 6665 NORTH W STREET SUITE 260
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete
NAME CARR, JOHN S
STREET ADDRESS 17 W CEDAR STREET SUITE 3
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete
NAME NICKELSEN, ERIC
STREET ADDRESS 3410 NORTH 18TH AVENUE
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete
NAME CHADBOURNE, EDWARD M
STREET ADDRESS 17 WEST CEDAR STREET SUITE 3
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL NASH

Date

Daytime Phone #

3-29-04 850-429-8640