


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000046993 1. Entity Name CROSSROADS PROPOSAL MASTERS, INC.	
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Principal Place of Business 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 32082-3005	Mailing Address 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 32082-3005
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3533410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEMIRE, TONI L 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 32082-3005	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000040393 02/03/04 80045 020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEMIRE, EDMUND C 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 320823005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEMIRE, TONI L 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 320823005
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: EDMUND C. LEMIRE 2/5/04 (904) 280-7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

check # 1478