

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000046993

1. Entity Name
CROSSROADS PROPOSAL MASTERS, INC.



Principal Place of Business
**6034 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH, FL 32082-3005**

Mailing Address
**6034 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH, FL 32082-3005**

DO NOT WRITE IN THIS SPACE

03042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3533410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000252925
03/07/05-80013-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	LEMIRE, EDMUND C
STREET ADDRESS	6034 BRIDGEWATER CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320823005
TITLE	PT
NAME	LEMIRE, TONI L
STREET ADDRESS	6034 BRIDGEWATER CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320823005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 **EDMUND C. LEMIRE**

3/5/05

904-280-7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #