

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90389 002 \*\*\*150.00

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03212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000046993</b>	
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
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2. Principal Place of Business 3400 CASTLEBAR CIRCLE Suite, Apt. #, etc.	3. Mailing Address 3400 CASTLEBAR CIRCLE Suite, Apt. #, etc.
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City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32174	Country VOLUSIA

6. Name and Address of Current Registered Agent LEMIRE, TONI L 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 32082-3005		7. Name and Address of New Registered Agent Name LEMIRE, TONI L Street Address (P.O. Box Number is Not Acceptable)* 3400 CASTLEBAR CIRCLE City ORMOND BEACH FL Zip Code 32174	
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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 *Toni L. Lemire* **TONI L. LEMIRE, PRESIDENT** 3-28-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEMIRE, EDMUND C 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 320823005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEMIRE, EDMUND C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3400 CASTLEBAR CIRCLE ORMOND BEACH, FL 32174-3088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEMIRE, TONI L 6034 BRIDGEWATER CIRCLE PONTE VEDRA BEACH, FL 320823005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEMIRE, TONI L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3400 CASTLEBAR CIRCLE ORMOND BEACH, FL 32174-3088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Toni L. Lemire* **TONI L. LEMIRE** 3-28-06 386-672-3659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT**