


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 017 ***150.00

| | |
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| DOCUMENT # P98000069332 |  |
| 1. Entity Name CROSS & STUDLEY, INC. | |

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| Principal Place of Business 1362 MELALEUCA LN FORT MYERS, FL 33901 | Mailing Address 1362 MELALEUCA LN FORT MYERS, FL 33901 |
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60010860



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| 2. Principal Place of Business 28705 Bennington Dr Suite, Apt. #, etc. | 3. Mailing Address 28705 Bennington Dr Suite, Apt. #, etc. |
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01302006 Chg-P CR2E034 (11/05)

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|----------------------------------|----------------------------------|-----------------------------|-------------------------------|
| City & State Wesley Chapel FL | City & State Wesley Chapel FL | 4. FEI Number 59-3525086 | Applied For Not Applicable |
| Zip 33544 | Country US | Zip 33544 | Country US |

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent DOYLE, DONNA J 1362 MELALEUCA LN FORT MYERS, FL 33901 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28705 Bennington Dr City Wesley Chapel FL Zip Code 33544 |
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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 Donna Doyle
Signature, typed or printed name of registered agent and title if applicable.

1/30/06
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS EMORY, CROSS E 1108 E GIBSON STREET ARCADIA, FL 34266 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT STUDLEY, F. CHARLES JR. P.O. BOX 66606 FT MYERS, FL 33906 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DONNA, DOYLE 1362 MELALEUCA LANE FORT MYERS, FL 33901 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROCKWOOD, BRADLEY 1362 MELALEUCA LANE FORT MYERS, FL 33901 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. Box 65126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 28705 Bennington Dr Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 28705 Bennington Dr Wesley Chapel FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: Donna Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

813-
929-7340
Daytime Phone #