


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000038288 1. Entity Name CROSSAIR RADON MITIGATION, INC.	
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Principal Place of Business 4122 RICHMERE ST TAMPA, FL 33617	Mailing Address 4122 RICHMERE ROAD E TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0918687	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROSBY, DENNIS A 4122 RICHMERE ST TAMPA, FL 33617

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSBY, DENNIS A 4122 RICHMERE ROAD EAST TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CROSBY, SANDRA J 4122 RICHMERE ROAD EAST TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC CROSBY, JASON C PO BOX 2085 MANGO, FL 33550
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**

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07/07/04-80013-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  PRES. 6-30-04	Date _____ <small>Daytime Phone # _____</small>
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