

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057624

Entity Name: CROSSROADS PLAZA, INC.

FILED  
Apr 11, 2012  
Secretary of State

**Current Principal Place of Business:**

3819 MURRELL RD  
ROCKEDGE, FL 32940

**New Principal Place of Business:**

3819 MURRELL RD  
ROCKEDGE, FL 32955

**Current Mailing Address:**

P O BOX 410944  
MELBOURNE, FL 329410944

**New Mailing Address:**

P O BOX 410944  
MELBOURNE, FL 32941

FEI Number: 65-0943257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLOGNA-GARAGOZLO, PATRICIA E  
3903 POSTRIDGE TRL  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOLOGNA, SALVATORE E  
Address: P O BOX 410944  
City-St-Zip: MELBOURNE, FL 32941

Title: VP  
Name: BOLOGNA, LISA C  
Address: P O BOX 410944  
City-St-Zip: MELBOURNE, FL 32941

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALVATORE E. BOLOGNA

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date