

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M67631

**Entity Name:** CROSS ENVIRONMENTAL SERVICES, INC.**Current Principal Place of Business:**39646 FIG AVENUE  
ZEPHYRHILLS, FL 33540**Current Mailing Address:**PO BOX 1299  
CRYSTAL SPRINGS, FL 33524 US**FEI Number:** 59-2866646**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATSON, DIANE  
39646 FIG AVE  
ZEPHYRHILLS, FL 33524 US*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:** DIANE WATSON

02/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BISTON, CLYDE A  
Address 1311 MACAW ST  
City-State-Zip: CRYSTAL SPRINGS FL 33524

Title TV  
Name ROSENBAUER, SHARON M  
Address 14041 TENTH ST  
City-State-Zip: DADE CITY FL 33525

Title ASST. SECRETARY  
Name SCHAEFER, TONI  
Address PO BOX 1299  
City-State-Zip: CRYSTAL SPRINGS FL 33524

Title VP  
Name BISHOP, BRANDON  
Address 753 LOVEJOY RD.  
City-State-Zip: FT WALTON BEACH FL 32548

Title SV  
Name TOSTANOSKI, JOHN  
Address 3300 SW 50TH AVE  
City-State-Zip: DAVIE FL 33314

Title SR VP  
Name SMITH, JAMES L  
Address 12235 DUCK LAKE CANAL ROAD  
City-State-Zip: DADE CITY FL 33525

Title ASST. SECRETARY  
Name STROTT, COLLEEN  
Address PO BOX 1299  
City-State-Zip: CRYSTAL SPRINGS FL 33524

Title VP  
Name MILLARD, SCOTT  
Address 5000 OAKES RD., STE. E  
City-State-Zip: DAVIE FL 33314

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*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:** SHARON ROSENBAUER**TREASURER**

02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	MORAN, MOLLY
Address	PO BOX 1299
City-State-Zip:	CRYSTAL SPRINGS FL 33524