


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L91316
 1. Entity Name
 GROWTH POINTE-MARY L. SFERRE, P.A.



Principal Place of Business 3744 DUPONT STATION CT. S. JACKSONVILLE, FL 32217	Mailing Address 3744 DUPONT STATION CT. S. JACKSONVILLE, FL 32217
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3024308	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SFERRE, MARY L.
 3744 DUPONT STATION CT. S.
 JACKSONVILLE, FL 32217

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SFERRE, MARY L. 3744 DUPONT STATION CT S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SFERRE, MARY L. 3744 DUPONT STATION CT S JACKSONVILLE, FL
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 04/12/06-80018-016 150.00

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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: Mary L. Sferre Date: 3-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #