


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-18-2008 90048 029 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 17 Pacific St #B Suite, Apt. #, etc. #B		3. Mailing Address 17 PACIFIC ST #B Suite, Apt. #, etc.	
City & State SAINT AUGUSTINE FL.		City & State SAINT AUGUSTINE FL	
Zip 32084		Zip 32084	
Country		Country	
4. FEI Number 59-3024308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SFERRE, MARY L. 3744 DUPONT STATION CT. S. JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name: SFERRE MARY L. Street Address (P.O. Box Number is Not Acceptable): 17 PACIFIC ST #B City: SAINT AUGUSTINE FL Zip Code: 32084	
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: <u>Mary L Sferre</u> DATE: <u>4-15-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SFERRE, MARY L. 17 PACIFIC ST B SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SFERRE, MARY L. 17 PACIFIC ST B SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mary L Sferre</u>		Date: <u>5-15-08</u> 904 825-3637	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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