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## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AN Secretary of State

ANNUAL REPORT			Secretary of State		
DOCUMENT # N0000  1. Entity Name GRAND POINTE EAST HOME INC.			Sec	cretary of Stat	
Principal Place of Business 220 W GARDEN ST, SUITE 605 PENSACOLA, FL	Mailing Address 220 W GARDEN ST, SUITE 605 PENSACOLA, FL	5		i benk benk benk benk benk	MANIN MANING (NGAN) NANGH ING MANING AN ING M
DO NOT WA	ITE IN THIS SPA		03292004 4. FEI Number 59-375		CR2E037 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of SYLTE, THOMAS W 220 W GARDEN ST, SUITE 605 PENSACOLA, FL		IN T	NOT WI		
8. The above named entity submits this state the obligations of registered agent.  SIGNATURE  Soprature, speed or printed name of registered in the state of	ement for the purpose of changing its registe ared agent and cite if applicable. (NOTE Register 9. Election Campaign Fina Trust Fund Contribution	red Agent algorishine required	red agent, or bo	th, in the State of Flor	
10. OFFICE  TITLE D  MAKE MEEK, ABBIE E  STREET ADDRESS P O BOX 230  GITY-SI-ZIP PENSACOLA, FL 32591  TITLE D  MAKE CARR, JOHN S  STREET ADDRESS GITY-SI-ZIP PENSACOLA, FL 32501  TITLE D	RS AND DIRECTORS				
SAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				NOT W	
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHRITED NAME OF SUBJECT OR OR DIRECTOR

109/04 850-434-6830 Departs Price #