

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112508

Entity Name: CENTRE POINTE, INC.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3685981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUTHERS, J KENT
2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOUTWELL, KEN
Address: 3431 CEDAR LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CIESLA, JERRY
Address: 3601 UNCLE GLOVER RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: HUMBLE, ED
Address: 10948 KNIGHT COURT SE
City-St-Zip: OLYMPIA, WA 98501

Title: D () Delete
Name: JUAREZ, MICHELLE
Address: 1880 CHARDONNAY PLACE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: SEAMON, FRED
Address: 1122 SEMINOLE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CROMWELL, DODDS
Address: 3638 LOVEJOY CT NE
City-St-Zip: OLYMPIA, WA 98506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE JUAREZ

OFF

02/10/2009

Electronic Signature of Signing Officer or Director

Date