

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112508

FILED
Jan 06, 2012
Secretary of State

Entity Name: CENTRE POINTE, INC.

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MICHELLE JUAREZ

TREA

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date