


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000021096
 1. Entity Name
VANTAGE POINT ENTERPRISES, INC.



Principal Place of Business 9510 BEAULCERC OAKS DR JACKSONVILLE, FL 32257	Mailing Address P.O. BOX 24595 JACKSONVILLE, FL 32241-4595
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3590575	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
**BRYANT, FRANK WM.
 9510 BEAULCERE OAKS DR
 JACKSONVILLE, FL 32257**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000241948
 03/11/08-80008-011 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, FRANK WM. 9510 BEAULCERC OAKS DR JACKSONVILLE, FL 32257
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WOODSON 333124
 02/28/08-80003-007 138.75

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: Frank Wm Bryant **FRANK Wm. Bryant** 2/18/08 904-333-9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #