


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000014696  
1. Entity Name  
ALL POINTS REAL ESTATE, INC.



Principal Place of Business      Mailing Address  
1934 DELLWOOD DR                      1934 DELLWOOD DR  
TALLAHASSEE, FL 32303                TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**



03112004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
59-3297146                          Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
EARNHART, PAUL M  
1934 DELLWOOD DR  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE                      P  
NAME                      EARNHART, PAUL M  
STREET ADDRESS        1934 DELLWOOD DR  
CITY-ST-ZIP              TALLAHASSEE, FL 32303

TITLE                      S  
NAME                      HARLEY, FRANCES W  
STREET ADDRESS        1934 DELLWOOD DR  
CITY-ST-ZIP              TALLAHASSEE, FL 32303

TITLE  
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CITY-ST-ZIP

UN0000089619  
03/15/04-80098-024 150.00

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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 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: Paul M. Earnhart President      3-11-04      850.386.2773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #