


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 028 ***150.00

DOCUMENT # **FL5000003129**

1. Entity Name
THE DAMES POINTE OF JACKSONVILLE, INC.



Principal Place of Business
**318 SOUTHERN BRANCH LANE
JACKSONVILLE FL 32259**

Mailing Address
**318 SOUTHERN BRANCH LANE
JACKSONVILLE FL 32259**

2. Principal Place of Business - No P.O. Box #
316 Bestwick Circle

3. Mailing Address
316. Bestwick Circle


Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State
St. Augustine FL

Zip
32092

Country
U.S.



1st MOORE CR2E034 (10/06)

4. FEI Number **20-2147744**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAMES, TIMOTHY L
318 SOUTHERN BRANCH LANE
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name
DAMES, Timothy L


Street Address (P.O. Box Number is Not Acceptable)
316 Bestwick Circle

City
St. Augustine

FL

Zip Code
32092

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  **TIM DAMES** DATE **4/26/07**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVST DAMES, TIMOTHY L 318 SOUTHERN BRANCH LANE JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAMES, TIMOTHY L 318 SOUTHERN BRANCH LANE JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Tim Dames** DATE **4/26/07** **909-509-6807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR