

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112508

Entity Name: CENTRE POINTE, INC.**Current Principal Place of Business:**516 NORTH ADAMS ST
TALLAHASSEE, FL 32301**Current Mailing Address:**516 NORTH ADAMS ST
TALLAHASSEE, FL 32301 US**FEI Number:** 59-3685981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, LOUISE
516 NORTH ADAMS ST
TALLAHASSEE, FL 32301 US*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:** LOUISE LOPEZ

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D
Name CARUTHERS, J K
Address 4044 BRANDON HILL DR.
City-State-Zip: TALLAHASSEE FL 32309

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

Title D
Name CROMWELL, DODDS
Address 3638 LOVEJOY CT NE
City-State-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: KEN BOUTWELL**MEMBER**

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date