

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112508

Entity Name: CENTRE POINTE, INC.**Current Principal Place of Business:**2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308**Current Mailing Address:**2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308**FEI Number:** 59-3685981**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARUTHERS, J KENT
2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308 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:**_____
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	CIESLA, JERRY
Address	3601 UNCLE GLOVER RD
City-State-Zip:	TALLAHASSEE FL 32312

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**DIRECTOR****02/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date