FILED Feb 03, 2006 8:00 am Secretary of State

2006	FOR PROFIT CORPORATION
	ANNUAL REPORT

	71111471				_	SCCICE	ary u		iaic	
DOCUMENT # 688181 1. Entity Name EASTPOINT DEVELOPMENT, INC.				đ		6 90019 043				
Principal Plac	o of Business		1 .							
Principal Place of Business Mailing Address										
6959 STAPOINT CT FRANK MURPHY/E.P. DEV.				ļ						
STE H POST OFFICE BOX 432				Į.						
WINTER PARK, FL 32792 US ORLANDO, FL 32802 US					LISSUE AREA		EISII GIGH SIGH PISH	. Cinii aire	18 2) (1 (22)	
Principal Place of Bushess 3. Mailing Address					-					
	4.4									
6869 Stapoint Court					4					
Suite, Apt. #, etc. : Suite, Apt. #, etc.				01272006	Chg-P	CR2E034 (1	11/05)			
Suite 102							····	<u> </u>		
City & State Winter Park, Florida City & State					4. FEI Number	101			plied For	
<u> </u>						59-2033164 Not Applicable				
Zip	, o Country	Zip	itry	5. Certificate o	Status Desired		75 Add			
32792		<u> </u>					Fee	Required	1	
L	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New R	egistered Agen	<u>t</u>		
				Name					ľ	
REID, JOH				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 30	CHURCH STREET			0.000.7.000	(1.0. DOX Harrison	13 NOT NOCOPIADIO	,			
), FL 32801							-		
CINCAINDO	5,12 02001									
				City			- FL ²	Zip Code	9	
R The above	named entity submits this statement for	the gurnose of changing its		ed office or registe	red agent or both	in the State of Flo		iar with	and accept	
the obliga		parpage or orionging my	pgioto.	ou omoo o, regions	rea agont, or both	, 11. 010 01010 01110	ando. Temperan	ar with,	and accept	
	4,		1							
SIGNATURE.					_)	
	Signature, typed of printed name of registered agent a	and title # applicable.	F-Registere	d Agent signature require	d when reinstating)		DATE			
ĺ										
FIL	E NOW!!! FEE IS(\$150.00)	9. Election Campai	-		.00 May Be				[
After M	ay 1, 2006 Fee wil l be \$ 550.0	Trust Fund Cont	ribution,	⊔ Add	ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIR	ECTORS	S IN 11	
TITLE	PD	☐ Delete	TITL					Change	Addition	
NAME	1	□ Délete		l l			L	urange	[] MUUIDOII	
STRÉET ADDRESS	MURPHY, MICHAEL A			I						
CITY-ST-ZIP	6869 STAPOINT COURT STE 10	2	1	EET ADDRESS						
CIT-31-2IF	WINTER PARK, FL 32792		- EIII	/-ST-ZIP	 -					
TITLE	V	☐ Delete	TITL	E				Change	Addition	
NAME	MURPHY, FRANK W		NAM	IE .						
STREET ADDRESS	6869 STAPOINT COURT STE 10	STRE	EET ADDRESS					Ţ		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY	r-ST-ZIP						
TITLE	STD	☐ Delete	TITL	E				Change	Addition	
NAME	MURPHY, MARCIA A		NAM	te				go		
STREET ADDRESS	6869 STAPOINT COURT STE 10	2	ŞTRI	EET ADDRESS					\	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY	r-ST-ZIP					ļ	
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NAME	Į.		NAM	i i					ļ	
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CITY-ST-ZIP	<u> </u>		CITY	/-ST-ZIP					ŀ	
12. I hereby	certify that the information supplied with	this filing does not qualify for	r the ex	emptions containe	ed in Chapter 119.	Florida Statutes I	further certify th	nat the ir	nformation	
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 if Block 10 if I lock 10 or Block 10 or B										
changed	rporation or the receiver or trustee empt s, or on an attachment with an add ≱ss. \	wered to exycute this report with all other like empowered	as requ	ned by Chapter 60	n, Florida Statutes	; and that my ham	e appears in Blo	ck 10 or	r Block 11 if	
-m										
SIGNATURE: 1-27-06 407-841-2400										
		744 - 44 9 4								