


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 688181		
1. Entity Name EASTPOINT DEVELOPMENT, INC.		
Principal Place of Business 6869 STAPOINT CRT. STE 102 WINTER PARK, FL 32792 US	Mailing Address FRANK MURPHY/E.P. DEV. POST OFFICE BOX 432 ORLANDO, FL 32802 US	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2033164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REID, JOHN J. 109 EAST CHURCH STREET SUITE 301 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, MICHAEL A 6869 STAPOINT COURT STE 102 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, FRANK W 6869 STAPOINT COURT STE 102 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURPHY, MARCIA A 6869 STAPOINT COURT STE 102 WINTER PARK, FL 32792
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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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank W. Murphy **FRANK W. MURPHY** 1-10-08 407 841-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #