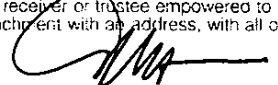


2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 008 ****61.25

DOCUMENT # 751240 1. Entity Name SCHOONER POINT MANAGEMENT, INC.					
Principal Place of Business 4801 SAXON DRIVE NEW SMYRNA BEACH FL 32069				Mailing Address 4801 SAXON DRIVE NEW SMYRNA BEACH FL 32069	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2060752	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, JOHN 4801 SAXON DR NEW SMYRNA BEACH FL 32169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature is required when reinstating)					
FILE NOW - FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIGHT, MICK 4801 SAXON DR NEW SMYRNA BCH FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMPKE, ROBERT H 4801 SAXON DR NEW SMYRNA BCH FL 32169	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUSS BLAIR 4801 SAXON DRIVE NEW SMYRNA BEACH, FL 32169	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRISWOLD, JOE 4801 SAXON DR NEW SMYRNA BCH FL 32169	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jim STOCKTON 4801 SAXON DRIVE NEW SMYRNA BEACH, FL 32169	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALANES, JAMES G 4801 SAXON DR NEW SMYRNA BCH FL 32169	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN PUDER 4801 SAXON DRIVE NEW SMYRNA BEACH, FL 32169	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JOHN 4801 SAXON DR NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ 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 617, 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:  MICK NIGHT					