


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F00000001121		
1. Entity Name POINTER DEVELOPMENT COMPANY, INC.		
Principal Place of Business 4053 MAPLE ROAD AMHERST, NY 14226	Mailing Address 4053 MAPLE ROAD AMHERST, NY 14226	
DO NOT WRITE IN THIS SPACE		



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1343168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE

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, 2007 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 NARINS, CLARKE H 4053 MAPLE ROAD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GELMAN, GEORGE I 4053 MAPLE ROAD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONGO, STEVEN J 4053 MAPLE ROAD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS GELLMN, ARTHUR M 4053 MAPLE ROAD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Steven J. Longo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/24/07

Date

Daytime Phone #

Steven J. Longo