

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 044 ***150.00

DOCUMENT # F03000004750

1. Entity Name
BLUEPOINT DESTIN, INC.



Principal Place of Business
**1840 PICKWICK AVE
GLENVIEW, IL 60025**

Mailing Address
**1840 PICKWICK AVE
GLENVIEW, IL 60025**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0163714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GREENFIELD, ROGER 1840 PICKWICK AVE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Roger Greenfield 1840 Pickwick Ave. Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Roger Greenfield 1840 Pickwick Ave. Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Roger Greenfield 1840 Pickwick Ave. Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Roger Greenfield 1840 Pickwick Ave. Glenview, IL 60025
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

Roger Greenfield

847-510-2500

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #