

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001186

1. Entity Name
COUNTRY POINT GENERAL, INC.



Principal Place of Business
**31731 NORTHWESTERN HIGHWAY
STE. 250W
FARMINGTON HILLS, MI 48334 US**

Mailing Address
**31731 NORTHWESTERN HIGHWAY
STE. 250W
FARMINGTON HILLS, MI 48334 US**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3164544

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LUPTAK, PAOLA M
4700 NW BOCA RATON BLVD, 4TH FLOOR
BOCA RATON, FL 33431**

**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, 2004 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
**PTD
BEZNOS, MAURICE
31731 NORTHWESTERN HWY, STE. 250W
FARMINGTON HILLS, MI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
BEZNOS, NORMAN
31731 NORTHWESTERN HWY, STE. 250W
FARMINGTON HILLS, MI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BEZNOS, NORMAN
31731 NORTHWESTERN HWY, STE. 250W
FARMINGTON HILLS, MI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/05/04-80052-024 150.00

**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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice J Beznos

4/14/04

Date

Daytime Phone #