

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003901

FILED
Jul 07, 2004
Secretary of State

Entity Name: EASTERN POINT ADVISORS, INC.

Current Principal Place of Business:

230 BROADWAY, STE 201
LYNNFIELD, MA 01940

New Principal Place of Business:

Current Mailing Address:

230 BROADWAY, STE 201
LYNNFIELD, MA 01940

New Mailing Address:

FEI Number: 04-3258881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, FAYE
ROUTE #5, BOX 6618
MADISON, FL 32341 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, TIMOTHY
Address: 21 MORELAND ROAD
City-St-Zip: QUINCY, MA 02169

Title: STD () Delete
Name: CHARLES, JANICE
Address: 65 EASTERN POINT BLVD
City-St-Zip: GLOUCESTER, MA

Title: D () Delete
Name: CHARLES, THEODORE
Address: 65 EASTERN POINT BLVD
City-St-Zip: GLOUCESTER, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURPHY, TIMOTHY B
Address: 21 MORELAND ROAD
City-St-Zip: QUINCY, MA 02169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY B. MURPHY

PD

07/07/2004

Electronic Signature of Signing Officer or Director

Date