## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H72081

FILED Jan 15, 2004 Secretary of State

Entity Name: NORTH POINT CONSTRUCTION CO., INC.

urrent P	Principal Place of Business:	New Principal Place	of Business:
	TH STREET SLAND, FL 32034 US		
urrent N	Mailing Address:	New Mailing Addres	s:
	WER 1509 DINA BEACH, FL 320351509 US		
El Number	r: 59-2579216 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
ERNANI	FRE ST DINA BCH, FL 32034 US e named entity submits this statement for the	ne purpose of changing its registere	ed office or registered agent, or both,
ERNANI he above the Stat	DINA BCH, FL 32034 US e named entity submits this statement for the of Florida.	ne purpose of changing its registere	ed office or registered agent, or both,
ERNANI he above the Stat	DINA BCH, FL 32034 US e named entity submits this statement for the of Florida.		ed office or registered agent, or both,  Date
ERNANI he above the Stat	DINA BCH, FL 32034 US e named entity submits this statement for the of Florida.  URE:		
ERNANI he above the Stat signatu lection Ca	DINA BCH, FL 32034 US e named entity submits this statement for the of Florida.  IRE:  Electronic Signature of Registered A	Agent	
ERNANI he above the Stat IGNATU lection Ca	DINA BCH, FL 32034 US e named entity submits this statement for the of Florida.  IRE:  Electronic Signature of Registered Aumpaign Financing Trust Fund Contribution ( ).	Agent	Date
ERNANI ne above the Stat GNATU ection Ca FFICER ele: ame: ldress:	DINA BCH, FL 32034 US e named entity submits this statement for the of Florida.  IRE:  Electronic Signature of Registered Ampaign Financing Trust Fund Contribution ( ).  ES AND DIRECTORS:  PD ( ) Delete  KILLEN, K. ALAN, 910 S 8TH ST	Agent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: K. ALAN KILLEN PD 01/15/2004