


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90103 046 ***150.00

DOCUMENT # J68106			
1. Entity Name CANAL POINT MAINTENANCE CO.			
Principal Place of Business 10 HELEN LANE FT. MYERS BEACH, FL 33931-2940 US		Mailing Address 10 HELEN LANE FT. MYERS BEACH, FL 33931-2940 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GOECKE, MARYJO 10 HELEN LANE FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name JANET HLADIK Street Address (P.O. Box Number is Not Acceptable) 10 HELEN LANE City FT MYERS BEACH FL Zip Code 33931	
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 <i>Janet Hladik</i> JANET HLADIK, TREASURER 1/14/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOECKE, MARYJO 15554 BEACH PEBBLE WAY FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JANET HLADIK 1595 MAIN ST FT MYERS BEACH, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLTAREL, LOU 71 NANCY LANE FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SUE WERTZ 50 OYSTER BAY LANE FT. MYERS BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BEASLEY, BOB 390 PALERMO CIR FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROBERT TURNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 NANCY LANE FT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TURNER, BOB 5 NANCY LANE FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JIM HAEFNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 63 EMILY LANE FT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAN KRUG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 EMILY LANE FT MYERS BEACH, FL 33931
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: <i>Janet Hladik</i> JANET HLADIK, TREASURER 1/14/07		Date 1/14/07 Daytime Phone # 239-463-5556	