

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90355 035 ***150.00

DOCUMENT # K19761 1. Entity Name EAST POINT CONSTRUCTION, INC.			
Principal Place of Business % KAREN R. JAYNES 4027 INDIAN RIVER DR 3935 N. U.S. 1 COCOA, FL 32927 Suite F <div style="text-align: right;">32926</div>		Mailing Address % KAREN R. JAYNES 4027 INDIAN RIVER DR 3935 N. U.S. 1 COCOA, FL 32927 Suite F <div style="text-align: right;">Cocoa, FL 32926</div>	
2. Principal Place of Business 3935 N. U.S. Hwy 1 Suite, Apt. #, etc. F		3. Mailing Address 3935 N. U.S. Hwy 1 Suite, Apt. #, etc. F	
City & State Cocoa, FL		City & State Cocoa, FL	
Zip 32926	Country County	Zip 32926	Country Brevard
4. FEI Number 59-2890412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAYNES, KAREN R. 4027 INDIAN RIVER DR COCOA, FL 32927		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Karen R. Jaynes</i></u> Karen R. Jaynes 4-18-05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PTD	NAME JAYNES, KAREN R.	<input type="checkbox"/> Delete	
STREET ADDRESS 4027 INDIAN RIVER DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP COCOA, FL			
TITLE VD	NAME JAYNES, HARRY, W	<input type="checkbox"/> Delete	
STREET ADDRESS 4027 INDIAN RIVER DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP COCOA, FL			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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: <u><i>Karen R. Jaynes</i></u>		4-18-05 321-631-7005 <small>Date Daytime Phone</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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