

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L18439

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** COLLEGE POINT DEVELOPMENT COMPANY

**Current Principal Place of Business:**

715 BUENA VISTA BLVD  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2523  
PANAMA CITY, FL 32402 US

**New Mailing Address:**

**FEI Number:** 59-2970128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, JOE F.  
1200 WEST BEACH DRIVE  
PANAMA CITY, FL 32401 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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: LEWIS, ELEANOR W.  
Address: 715 BUENA VISTA BLVD  
City-St-Zip: PANAMA CITY, FL 32401

Title: PD  
Name: MOORE, JOE F.  
Address: 1200 W BEACH DR  
City-St-Zip: PANAMA CITY, FL 32401

Title: TASD  
Name: MOORE, NANCY L.  
Address: 1200 W BEACH DR  
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: JOE MOORE

PRES

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date