

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90058 001 ***150.00
07-14-2004 90058 002 ***400.00

DOCUMENT # L49196	
1. Entity Name DEER POINTE OF TALLAHASSEE, INC.	

Principal Place of Business 4332 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303	Mailing Address 4332 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303
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2. Principal Place of Business		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 BUTLER, NEIL H 2708 O'HARA COURT. TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name CATHERINE MAYFIELD Street Address (P.O. Box Number is Not Acceptable) 4223 CAPITAL CIRCLE NW City TALLAHASSEE FL Zip Code 32303	
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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 *Catherine Mayfield* (NOTE: Registered Agent signature required when reappointing) DATE **7-8-04**

FILE NOW!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, CATHERINE D. 4223 CAPITAL CIRCLE N.W. TALLAHASSEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Catherine Mayfield* DATE **7-8-04** DAYTIME PHONE # **850-562-1022**