## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # L91315 FPOINTE-MARY R. STEVE	S, P.A.				04-18-2008	90049 017 ***1.	50.00
Principal Place	e of Business	Mailing Address						
3744 DUPONT STATION COURT, SOUTH JACKSONVILLE, FL 32217  3744 DUPONT STATION JACKSONVILLE, FL 3221				, South			. <b>219() 2127</b> ( 2127) 2121; 2121) 271	111881 N 18 <b>9</b> 1
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17 PACIFIC ST. B 17 PACIFIC				r ß				
17 PACIFIC ST. B Suite, Apt. #, etc.		17 PACIFIC ST 13 Suite, Apt. #, etc.		בו ו	_			
					03312008	Chg-P	CR2E034 (12/06)	
SAINT Augustine 71		SAINT Augustine 7/		4. FEI Numb 59-302		<del></del>	pplied For ot Applicable	
Zip 320	84 Country	<sup>zip</sup> 32084	Countr	ry	5. Certificate	of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Agent	
STEVES, I	MARY R.			STeu		ARY R.		
3744 DUPONT STATION COURT, SOUTH				Street Address	(P.O. Box Numb	er is Not Acceptable	<del>)</del>	
JACKSONVILLE, FL 32217			-	17 A	acific	st. 3		
				City SQ is	+ Aug	145TINE	FL 沙空	ieas (L
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or registe			130	00 F
SIGNATURE_								
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	E: Registered	Agent signature require	ed when reinstiging)		DATE	
	Sonature, typed or printed name of registered agent a  E NOW!!! FEE IS \$150.00  ay 1, 2008 Fee will be \$550.0	9. Election Campai	ign Financ	cing\$5	5.00 May Be		DATE	<u></u>
	E NOW!!! FEE IS \$150.00	9. Election Campaign	ign Financ	cing\$5	5.00 May Be ded to Fees	/CHANGES TO OFF	DATE	IS IN 11
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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:

MING OFFICER OR DIRECTOR