


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90049 017 ***150.00

DOCUMENT # L91315 1. Entity Name GROWTH POINTE-MARY R. STEVES, P.A.	
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Principal Place of Business 3744 DUPONT STATION COURT, SOUTH JACKSONVILLE, FL 32217	Mailing Address 3744 DUPONT STATION COURT, SOUTH JACKSONVILLE, FL 32217
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2. Principal Place of Business - No P.O. Box # 17 Pacific ST. B	3. Mailing Address 17 Pacific ST B
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAINT Augustine FL	City & State SAINT Augustine FL
Zip 32084	Zip 32084
Country	Country

03312008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3025008	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEVES, MARY R. 3744 DUPONT STATION COURT, SOUTH JACKSONVILLE, FL 32217	
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7. Name and Address of New Registered Agent Name STEVES, MARY R. Street Address (P.O. Box Number is Not Acceptable) 17 Pacific ST. B City SAINT Augustine FL Zip Code 32084	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PST STEVES, MARY R. 17 PACIFIC ST. B SAINT AUGUSTINE, FL 32084 <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	VD STEVES, MARY R. 17 PACIFIC ST. B SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary R. Steves 4-15-08 904-825-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone