


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000024605
 1. Entity Name
 CORNER POINTE, INC.



Principal Place of Business _____ Mailing Address _____
 1773 SOUTHWEST 43RD AVENUE 1773 SOUTHWEST 43RD AVENUE
 FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33317



01062005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GROGAN, CHARLES W
 1773 SOUTHWEST 43RD AVENUE
 FORT LAUDERDALE, FL 33317

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROGAN, CHARLES W 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GROGAN, SARA L 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GROGAN, CHARLES W 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Sara Grogan* *Sara Grogan* 2/6/05 954-742-1258(Ext)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #