


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000004575					
<b>1. Entity Name</b> Lighthouse Pointe Construction, Inc.					
<b>Principal Place of Business</b> 3711 Trout River Blvd Jacksonville, FL 32208			<b>Mailing Address</b> 3711 Trout River Blvd Jacksonville, FL 32208		
<b>2. Principal Place of Business - No P.O. Box #</b> 2731 2nd St NE		<b>3. Mailing Address</b> 2731 2nd St NE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Naples, FL		<b>City &amp; State</b> Naples, FL		<b>4. FEI Number</b> 59-3693220	
<b>Zip</b> 34120		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  Hillis, Dana 3711 Trout River Jacksonville, FL 32208			<b>7. Name and Address of New Registered Agent</b> Name: NA Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>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.</b> SIGNATURE: <u>Dana Hillis</u> DATE: <u>5.11.12</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2012 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HILLIS, DANA L 3711 Trout River Blvd Jacksonville, FL 32208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/29/12--01006--001 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HILLIS, JANET 3711 Trout River Blvd Jacksonville, FL 32208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400235619634 05/29/12--01006--001 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAY 29 2012 S. TONER		TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/29/12--01006--001 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. TONER		TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/29/12--01006--001 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. TONER		TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/29/12--01006--001 **150.00	
<b>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.</b>					
SIGNATURE: <u>Dana Hillis</u> DATE: <u>5/11/12</u> E-MAIL ADDRESS: <u>lighthousepointe@hotmail.com</u>					

FILED  
2012 MAY 29 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05012012 Chg-P CR2E034 (12/11)