

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020555

Entity Name: POI DEVELOPMENT, INC.

FILED  
Feb 19, 2004  
Secretary of State

## Current Principal Place of Business:

4500 EXECUTIVE DR  
SUITE 300  
NAPLES, FL 34119

## New Principal Place of Business:

314 NEWPORT DRIVE  
#4  
NAPLES, FL 34114

## Current Mailing Address:

4500 EXECUTIVE DR  
SUITE 300  
NAPLES, FL 34119

## New Mailing Address:

314 NEWPORT DRIVE  
#4  
NAPLES, FL 34114

FEI Number: 65-1147996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

## Name and Address of New Registered Agent:

COLSON, KARIN A MRS.  
314 NEWPORT DRIVE  
#4  
NAPLES, FL 34114

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.

SIGNATURE: KARIN COLSON

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: ST. JOHN, EARL  
Address: 4500 EXECUTIVE DRIVE, SUITE 300  
City-St-Zip: NAPLES, FL 34119

Title: P ( ) Delete  
Name: BURGESSON, RICHARD  
Address: 1830 MENORCA COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ST ( ) Delete  
Name: COLSON, KARIN  
Address: 10867 FIELD FAIR DRIVE  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: ST. JOHN, EARL  
Address: 314 NEWPORT DRIVE #4  
City-St-Zip: NAPLES, FL 34114

Title: P (X) Change ( ) Addition  
Name: BURGESSON, RICHARD  
Address: 1201 MIMOSA COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN COLSON

ST

02/19/2004

Electronic Signature of Signing Officer or Director

Date