


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90048 047 ***150.00

DOCUMENT # P01000066615 1. Entity Name EASTPOINTE PARTNERS, INC.	
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Principal Place of Business 3364 CLEVELAND AVE. FORT MYERS, FL 33901	Mailing Address 3364 CLEVELAND AVE. FORT MYERS, FL 33901
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44002654



01082004 No Chg-P CR2E034 (10/03)

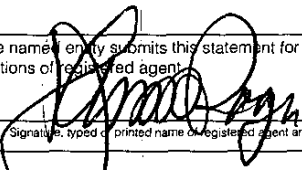
4. FEI Number 65-1124545	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee, Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAGER, KENNETH D 3364 CLEVELAND AVE. FORT MYERS, FL 33901
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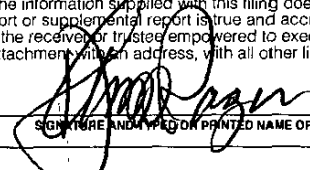
**DO NOT WRITE
IN THIS SPACE**

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 1/8/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAGER, KENNETH D 3364 CLEVELAND AVE. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DAITCH, JONATHAN S 3364 CLEVELAND AVE. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	DATE 1/8/04 239-481-1414 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	