

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90070 011 ***158.75

DOCUMENT # P02000027963

1. Entity Name
STILLPOINT, INC.



Principal Place of Business
**4465 BAYMEADOWS RD., STE 1
JACKSONVILLE, FL 32217**

Mailing Address
**4465 BAYMEADOWS RD., STE 1
JACKSONVILLE, FL 32217**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1954015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 **pe JP**
NAME **WHITNER, BANTA**
STREET ADDRESS **4465 BAYMEADOWS RD., STE 1**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **VPT PS**
NAME **TURNER-SHARPTON, MARIAN**
STREET ADDRESS **4465 BAYMEADOWS RD., STE 1**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE
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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: Marian Turner Sharpton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05

Date

904-731-4114

Daytime Phone #