

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000049018

1. Entity Name
GRAND POINTE TRUST, INC.



Principal Place of Business
86 SPRING VISTA DR., STE. 200
DEBARY, FL 32713

Mailing Address
86 SPRING VISTA DR., STE. 200
DEBARY, FL 32713

FILED
Jan 08, 2007 08:00 AM
Secretary of State



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0014384

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALZMAN, GARY
557 N.WYMORE RD., STE. 100
MAITLAND, FL 32751

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRAY, JOHN C JR.
STREET ADDRESS 86 SPRING VISTA DR., STE. 200
CITY-ST-ZIP DEBARY, FL 32713

TITLE D
NAME GRAY, STACEY A
STREET ADDRESS 86 SPRING VISTA DR., STE. 200
CITY-ST-ZIP DEBARY, FL 32713

TITLE
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U00000577075
01/08/07-80002-002 150.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/4/07

386-668-6600

Date

Daytime Phone #