

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089513

FILED
May 01, 2004
Secretary of State

Entity Name: LAPOINTE ASSOCIATES, INC.

Current Principal Place of Business:

2702 CRAIG STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2702 CRAIG STREET
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 42-1550224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA POINTE, JAMES
602 SE 18TH STREET
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LA POINTE, JAMES
Address: 602 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VPTD () Delete
Name: PITTRO, DOMINIC
Address: 824 MOHAWK PARKWAY
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD () Delete
Name: LA POINTE, PAUL
Address: 4 MICHELLE AVENUE
City-St-Zip: PELHAM, NH 03076

Title: SD () Delete
Name: LA POINTE, ROCHELLE
Address: 602 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES M.LAPOINTE

PRES

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date