

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90231 005 ***150.00

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03082006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000089513 1. Entity Name LAPOINTE ASSOCIATES, INC.			
Principal Place of Business 2702 CRAIG STREET FORT MYERS, FL 33901		Mailing Address 2702 CRAIG STREET FORT MYERS, FL 33901	
2. Principal Place of Business 2702 Crag Street Suite, Apt. #, etc.		3. Mailing Address 2702 Crag Street Suite, Apt. #, etc.	
City & State Ft. Myers, FL Zip 33901 Country		City & State Ft. Myers, FL Zip 33901 Country	
4. FEI Number 42-1550224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LA POINTE, JAMES 602 SE 18TH STREET CAPE CORAL, FL 33990	
7. Name and Address of New Registered Agent Name James LaPointe Street Address (P.O. Box Number is Not Acceptable) 11640 Fox Hill Road City N. Ft. Myers FL Zip Code 33917		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)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LA POINTE, JAMES 602 SE 18TH STREET CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LaPointe, James 11640 Fox Hill Road N. Ft. Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PITTRO, DOMINIC 824 MOHAWK PARKWAY CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Pittro, Dominic 1926 SE 19th Lane Cape Coral, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LA POINTE, PAUL 4 MICHELLE AVENUE PELHAM, NH 03076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LaPointe, Paul 318 SE 20th Ct. Cape Coral, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LA POINTE, ROCHELLE 602 SE 18TH STREET CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LaPointe, Rochelle 11640 Fox Hill Road N. Ft. Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-13-06 Daytime Phone #	