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Secretary of State
05-08-2007 90017 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000089513

1. Entity Name
LAPOINTE ASSOCIATES, INC.

66017470

Principal Place of Business	Mailing Address
2702 CRAIG STREET FORT MYERS, FL 33901	2702 CRAIG STREET FORT MYERS, FL 33901

04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1550224
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LA POINTE, JAMES
11640 FOX HILL RD
NORTH FORT MYERS, FL 33917

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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
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, 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	PD
NAME	LA POINTE, JAMES
STREET ADDRESS	11640 FOX HILL RD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	VPTD
NAME	PITTRO, DOMINIC
STREET ADDRESS	1926 SW 19TH LN
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VPD
NAME	LA POINTE, PAUL
STREET ADDRESS	318 SE 20TH CT
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	SD
NAME	LA POINTE, ROCHELLE
STREET ADDRESS	11640 FOX HILL RD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
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 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 affect 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 Date Daytime Phone #