

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000135450

1. Entity Name

JOSEPH E. LAPOINT INC.



Principal Place of Business

2105 NW 16TH STREET
DELRAY BEACH, FL 33445

Mailing Address

2105 NW 16TH STREET
DELRAY BEACH, FL 33445



02272006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied Fu
Not Applic

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPOINT, JOSEPH E
2105 NW 16TH ST
DELRAY BEACH, FL 33445

**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

JOSEPH E LAPOINT

4/15/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAPOINT, JOSEPH E
2105 NW 16TH STREET
DELRAY BEACH, FL 33445

TITLE
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U00000518484
05/02/06-80053-025 150.00

**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 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 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

4/15/06

DATE

561-251-037

Daytime Phone #