

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 038 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1595 SPRING HARBOR DR Suite, Apt. #, etc. APT. 4 A		3. Mailing Address 1595 SPRING HARBOR DR Suite, Apt. #, etc. APT. 4 A			
City & State DELRAY BCH FL		City & State DELRAY BCH FL		04092007 Chg-P CR2E034 (12/06)	
Zip 33445		Country PB		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAPOINT, JOSEPH E 2105 NW 16TH ST DELRAY BEACH, FL 33445 1595 SPRING HARBOR DR APT A DELRAY BCH FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Joseph E LaPoint</u> JOSEPH E LAPOINT <u>4/7/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	D <input type="checkbox"/> Delete LAPOINT, JOSEPH E 2105 NW 16TH STREET DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 info empowered.					
SIGNATURE: <u>Joseph E LaPoint</u> 4/7/07 561-251-0376 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					