

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-16-2004 90042 001 ***150.00

DOCUMENT # P03000050755 1. Entity Name SOUTH POINTE DEVELOPERS, INC.																											
Principal Place of Business 24 WALTER MARTIN ROAD SUITE 3 FORT WALTON BEACH, FL 32548		Mailing Address POST OFFICE BOX 309 FORT WALTON BEACH, FL 32549																									
2. Principal Place of Business 34990 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 401 City & State Destin, Florida Zip 32541 Country US		3. Mailing Address 34990 Emerald Coast Pkwy. Suite, Apt. #, etc. Suite 401 City & State Destin, Fl. Zip 32541 Country U.S.																									
4. FEI Number 41-2094463		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KRUSE, CRAIG J 24 WALTER MARTIN ROAD SUITE 3 FORT WALTON BEACH, FL 32548																									
7. Name and Address of New Registered Agent Name: Craig J. Kruse Street Address (P.O. Box Number is Not Acceptable) 34990 Emerald Coast Pkwy. Suite 401 City: Destin FL Zip Code: 32541		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: (NOTE: Registered Agent signature required when reinstating) DATE: 2/11/04																									
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PST</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>KRUSE, CRAIG J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24 WALTER MARTIN ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT WALTON BEACH, FL 32548</td> <td></td> </tr> </table>		TITLE	PST	☐ Delete	NAME	KRUSE, CRAIG J		STREET ADDRESS	24 WALTER MARTIN ROAD		CITY - ST - ZIP	FORT WALTON BEACH, FL 32548		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PST</td> <td style="width: 10%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Craig J. Kruse</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34990 Emerald Coast Pkwy., Ste 401</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Destin, Fl. 32541</td> <td></td> </tr> </table>		TITLE	PST	☒ Change ☐ Addition	NAME	Craig J. Kruse		STREET ADDRESS	34990 Emerald Coast Pkwy., Ste 401		CITY - ST - ZIP	Destin, Fl. 32541	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.		SIGNATURE: SIGNATURE AND AFFIDAVIT REQUIRED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/11/04 Daytime Phone #: 850 269 1212																									