

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000050755

1. Entity Name
SOUTH POINTE DEVELOPERS, INC.



Principal Place of Business
34990 EMERALD COAST PKWY
SUITE 401
DESTIN, FL 32541

Mailing Address
34990 EMERALD COAST PKWY
SUITE 401
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 034 ***150.00



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2094463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

KRUSE, CRAIG J
34990 EMERALD COAST PKWY
SUITE 401
DESTIN, FL 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

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, 2005 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

PST
KRUSE, CRAIG J
34490 EMERALD COAST PKWY, STE 401
DESTIN, FL 32541

34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 850-26912

Date

Daytime Phone #