

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90036 047 ***158.75

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02022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000068038 1. Entity Name GRAND POINT DEVELOPMENT, INC.					
Principal Place of Business 3200 S HWY 95A CANTONMENT, FL 32533			Mailing Address 3200 S HWY 95A CANTONMENT, FL 32533		
2. Principal Place of Business 4310 GULF BREEZE PARKWAY Suite, Apt. #, etc.		3. Mailing Address 4310 GULF BREEZE PARKWAY Suite, Apt. #, etc.			
City & State GULF BREEZE, FL Zip 32563		City & State GULF BREEZE, FL Zip 32563		4. FEI Number 43-1849232	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, CHARLES L JR 226 PALAFOX PLACE 9TH FL PENSACOLA, FL 32501				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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 DEPOND, JOHN R 472 FT PICKENS RD PENSACOLA, FL 32561	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4310 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete BAUER, JOSEPH L JR #9 BIRGHTON WAY CLAYTON, MO 63105	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #9 BRIGHTON WAY		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete BUCKLEY, LEONARD W JR 133 S 11 ST STE 350 ST LOUIS, MO 63102	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete FLANAGAN, TERRY J 133 S 11 ST STE 350 ST LOUIS, MO 63102	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		JOHN R. DEPOND - PRESIDENT (850) 932-4466			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			