

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90021 015 ***558.75

DOCUMENT # P03000068038					
1. Entity Name GRAND POINT DEVELOPMENT, INC.					
Principal Place of Business 4310 GULF BREEZE PARKWAY GULF BREEZE, FL 32563			Mailing Address 4310 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
2. Principal Place of Business 1011 Howard George Drive Suite, Apt. #, etc.		3. Mailing Address 1011 Howard George Drive Suite, Apt. #, etc.		40100586 	
City & State Manchester, MO		City & State Manchester, MO		4. FEI Number 43-1849232	
Zip 63021		Country St. Louis		5. Certificate of Status Desired <input checked="" type="checkbox"/> XX \$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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	PTD DEPOND, JOHN R 33 E. GALVÉZ COURT PENSACOLA BEACH, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011 Howard George Drive Manchester, MO 63021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUER, JOSPEH L JR #9 BRIGHTON WAY CLAYTON, MO 63105		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCKLEY, LEONARD W JR 133 S 11 ST STE 350 ST LOUIS, MO 63102		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLANAGAN, TERRY J 133 S 11 ST STE 350 ST LOUIS, MO 63102		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 like empowered.					
SIGNATURE _____			John R. DePond		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		