

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/30/2004-90001-031-\$150.00-\$150.00

**DOCUMENT # P03000077843**

1. Entity Name  
CENTERPOINT PROPERTIES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

Principal Place of Business  
P.O. BOX 495  
PALM HARBOR, FL 34682-0495

Mailing Address  
P.O. BOX 495  
PALM HARBOR, FL 34682-0495

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004 Chg-P CR2E034 (10/03)

4. FEI Number

20-0153189

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWART, MICHAEL D  
488 WINDING WILLOW DRIVE  
PALM HARBOR, FL 34683

Name MICHAEL D. COWART

Street Address (P.O. Box Number is Not Acceptable)

338 LAKE CREST COURT

City WESTON

FL

Zip Code 33326

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

Michael D. Cowart MICHAEL D. COWART

8/26/04

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME COWART, MICHAEL D  
STREET ADDRESS P.O. BOX 495  
CITY-ST-ZIP PALM HARBOR, FL 346820495

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS  
NAME COWART, DEBORAH J  
STREET ADDRESS P.O. BOX 495  
CITY-ST-ZIP PALM HARBOR, FL 346820495

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Michael D. Cowart MICHAEL D. COWART

8/26/04

9542333025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #