

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000077843

1. Entity Name

CENTERPOINT PROPERTIES, INC.



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

1857 STANCEL DR

3. Mailing Address

1857 STANCEL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip
33764

Country
FL

Zip
33764

Country

6. Name and Address of Current Registered Agent

COWART, MICHAEL D.
338 LANE CREST COURT
WESTON FL 33326

7. Name and Address of New Registered Agent

Name - COWART, MICHAEL D

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

338 LANE 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

(NOTE Registered Agent signature required when reinstating)

3/29/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

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 34682-0495

Delete

TITLE P
NAME COWART, MICHAEL D
STREET ADDRESS 1857 STANCEL DRIVE
CITY-ST-ZIP CLEARWATER, FL 33764

Change

Addition

TITLE VS
NAME COWART, DEBORAH J
STREET ADDRESS P.O. BOX 495
CITY-ST-ZIP PALM HARBOR FL 34682-0495

Delete

TITLE VS
NAME COWART, DEBORAH J
STREET ADDRESS 1857 STANCEL DRIVE
CITY-ST-ZIP CLEARWATER, FL 33764

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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: *Michael D. Cowart*

MICHAEL D. COWART 03/29/05 9545477998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90372 008 ***150.00



1st MOORE CR2E034 (10/04)