

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-17-2006 90373 046 ***150.00

DOCUMENT # P03000092879 1. Entity Name LIGHTHOUSE POINT RESOURCE GROUP, INCORPORATED																													
Principal Place of Business 4911 NE 27TH TERRACE LIGHTHOUSE POINT, FL 33064			Mailing Address 4911 NE 27TH TERRACE LIGHTHOUSE POINT, FL 33064																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent GOMEZ-MALLADA, ANA ESQ 4911 NE 27TH TERRACE LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> DP MACLAURIN, CYNTHIA H 4911 NE 27TH TERRACE LIGHTHOUSE POINT, FL 33064 </td> <td style="width: 20%; padding: 2px; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	DP MACLAURIN, CYNTHIA H 4911 NE 27TH TERRACE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	DP MACLAURIN, CYNTHIA H 4911 NE 27TH TERRACE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>																													



04152006 Chg-P CR2E034 (11/05)

4. FEI Number **56-2393404** ☒ Applied For
 APPLIED FOR ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

FL Zip Code

4/15/06

4/15/06 954-256366



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

ATTACHMENT

66016493
#P03000092879

DATE OF THIS NOTICE: 09-19-2003
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 56-2393404
FORM: SS-4 NOBOD 0000002689
0134649851 B

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

LIGHTHOUSE POINT RESOURCE GROUP INC
4911 NE 27TH TER
LIGHTHOUSE POINT FL 33064

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 56-2393404. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1120

03/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.