

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000073387 1. Entity Name POINTE NORTH INC					
Principal Place of Business 2573 BARRINGTON CIR TALLAHASSEE FL 32308			Mailing Address 2573 BARRINGTON CIR TALLAHASSEE FL 32308		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 20-1106791	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent RUSSELL, DIXIE L MS 2573 BARRINGTON CIR TALLAHASSEE FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 agree to the obligations of registered agent.					
SIGNATURE: Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Trust Fund Contribution ☐ Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ☐ Delete RUSSELL, DIXIE L MS 2573 BARRINGTON CIR TALLAHASSEE FL 32308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add U000000511275 ☐ Change ☐ Add 04/29/06-80043-007 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VD PERKINS, THOMAS J 2573 BARRINGTON CIR TALLAHASSEE FL 32308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 139, 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:			4-14-06 850 385-4646		