

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 020 ***150.00

DOCUMENT # P04000084632

1. Entity Name

BRANDON-RIVERPOINTE CORPORATION



Principal Place of Business

2010 HARBORTOWN DRIVE
SUITE 1
FORT PIERCE FL 34946

Mailing Address

2010 HARBORTOWN DRIVE
SUITE 1
FORT PIERCE FL 34946

2. Principal Place of Business - No P.O. Box #

2282 N. U.S. HIGHWAY ONE

3. Mailing Address

2282 N. U.S. HIGHWAY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

Zip

34946

Country

U.S.A.

Zip

34946

Country

U.S.A.

4. FEI Number

20-1183335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature removed when appointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DST
HESSEE, CLAUDIA J
4680 SUNRISE BLVD
FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
HESSEE, MARK S
6454 FLORIDANA AVE
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MARK S. HESSEE

1-23-07

(772) 460-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #