2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2007 8:00 am Secretary of State DOCUMENT # P05000026276 03-28-2007 90019 003 ***150 00 NORTH POINT CONTRACTORS INC. Principal Place of Business Mailing Address 755 AVE O. S.E. WINTER HAVEN FL 33880 755 AVE O. S.E WINTER HAVEN FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5887 Driftwood DR. 5887 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Winter Haven. 20-2551276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 4.5. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNEN, CAROL Street Address (P.O. Box Number is Not Acceptable) 96 LAKÉ OTIS RD. WINTER HAVEN FL 33880 City 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 clapplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DHE Delete MILE Change Addition Royer, James L. ROYER, JAMES L NAME briftwood br. 755 AVE O. S.E. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 WINTER HAVEN, El. 33884 CITY ST-ZIP CHY-S1-ZIP HELE Delete TOLL ☐ Change Addition ROYER, CHRISTI M NAME NAMI. 755 AVE O. S.E. STREET ADDRESS SUREFI ADDRESS WINTER HAVEN FL 33880 CITY - ST - ZIP CHY SI-ZIP HUE Delete 11113 ☐ Change Addition MAME 218541 STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY ST 7IP ☐ Delete DIG Change ■ Addition NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST ZIP Delete HILL ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CHY-ST-7IP

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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