

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060281

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE COLLECTION POINT INC.

Current Principal Place of Business:

704 W MADISON ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

704 W MADISON ST
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 20-2767362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARVEY, BRAD A
431 MOONLIT TRACE
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

HARVEY, MARY K
431 MOONLIT TRACE
TALLAHASSEE, FL 32305 US

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.

SIGNATURE: MARY KATHLEEN HARVEY

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARVEY, BRAD A
Address: 431 MOONLIT TRACE
City-St-Zip: TALLAHASSEE, FL 32305

Title: ST () Delete
Name: HARVEY, PATREICA A
Address: 27 LURA LANE
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: V () Delete
Name: FIELDS, JANINE
Address: 3173 LOOK OUT TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARVEY, MARY K
Address: 431 MOONLIT TRACE
City-St-Zip: TALLAHASSEE, FL 32305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HARVEY, BRAD A
Address: 431 MOONLIT TRACE
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KATHLEEN HARVEY

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date