


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90140 012 \*\*\*150.00

<b>DOCUMENT # P05000081196</b>	
1. Entity Name FOUR POINTS PROPERTIES, INC.	

Principal Place of Business P.O. BOX 1692 TALLEVAST, FL 34270-1692	Mailing Address P.O. BOX 1692 TALLEVAST, FL 34270-1692
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**50003389**



2. Principal Place of Business <i>8208 Cortez Rd West</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Bradenton, FL</i>	City & State
Zip <i>34210</i>	Country <i>USA</i>

03112006 Chg-P CR2E034 (11/05)

4. FEI Number <i>203030404</i>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent  AUDENT, JULIE 8208 CORTEZ RD WEST, #5 BRADENTON, FL 34210</td> <td>7. Name and Address of New Registered Agent Name <i>Julie Audet</i> Street Address (P.O. Box Number is Not Acceptable) <i>7411 Westmoreland Dr.</i> City <i>Sarasota</i> <b>FL</b> Zip Code <i>34243</i></td> </tr> </table>		6. Name and Address of Current Registered Agent  AUDENT, JULIE 8208 CORTEZ RD WEST, #5 BRADENTON, FL 34210	7. Name and Address of New Registered Agent Name <i>Julie Audet</i> Street Address (P.O. Box Number is Not Acceptable) <i>7411 Westmoreland Dr.</i> City <i>Sarasota</i> <b>FL</b> Zip Code <i>34243</i>
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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 required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDET, DAVE P.O. BOX 1692 TALLEVAST, FL 342701692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDET, JULIE P.O. BOX 1692 TALLEVAST, FL 342701692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABAS, PHIL P.O. BOX 1692 TALLEVAST, FL 342701692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABAS, CAROLYN M P.O. BOX 1692 TALLEVAST, FL 342701692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Julie A Audet* *Julie A Audet, President 3/13/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #