2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000081196

1. Entity Name
FOUR POINTS PROPERTIES, INC.

Principal Place of Business	Mailing Address
8208 CORTEZ RD W BRADENTON, FL 34210	P.O. BOX 1692 TALLEVAST, FL 34270-1692

04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3030404
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUDET, JULIE
7411 WESTMORELAND DR
SARASOTA, FL 34243

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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 _____ DATE
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000899111
04/28/08-80026-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AUDET, DAVE
STREET ADDRESS	P.O. BOX 1692
CITY-ST-ZIP	TALLEVAST, FL 342701692
TITLE	D
NAME	AUDET, JULIE
STREET ADDRESS	P.O. BOX 1692
CITY-ST-ZIP	TALLEVAST, FL 342701692
TITLE	D
NAME	BABAS, PHIL
STREET ADDRESS	P.O. BOX 1692
CITY-ST-ZIP	TALLEVAST, FL 342701692
TITLE	D
NAME	BABAS, CAROLYN M
STREET ADDRESS	P.O. BOX 1692
CITY-ST-ZIP	TALLEVAST, FL 342701692
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-14-08 941-685 8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #