


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000164664 1. Entity Name SOUTHPOINTE CUSTOM HOMES, INC.	
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Principal Place of Business 15275 COLLIER BLVD SUITE 201/226 NAPLES, FL 34119 US	Mailing Address 15275 COLLIER BLVD SUITE 201/226 NAPLES, FL 34119 US
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DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1690992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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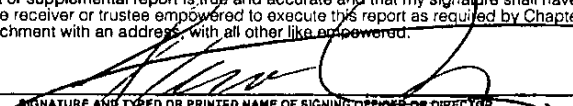
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOBILE, STEVEN T 15275 COLLIER BLVD SUITE 201/226 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOBILE, PEGGY 15275 COLLIER BLVD SUITE 201/226 NAPLES, FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD00000758458
05/24/07-80003-012 150.00

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:  **4/29/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____