2008 FOR PROFIT CORPORATION ANNUAL REPORT (A8)

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90046 007 ***150.00

DOCUMENT # P06000062983

1. Entity Name
GENTLE POINT, INC.

Principal Place of Business	Mailing Address
~~3530 WEST COGWOOD CIRCLE BEVERLY HILLS FL 34465~~	~~3530 WEST COGWOOD CIRCLE BEVERLY HILLS FL 34465~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5650 N. Gentle Pt.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Beverly Hills, FL.	City & State
Zip: 34465 Country: USA	Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDLETON, MARK
5650 N. GENTLE POINT
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
City FL 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] Pres. 2/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIDDLETON, MARK S		NAME	
STREET ADDRESS	5650 N. GENTLE POINT		STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIDDLETON, SHARON A		NAME	
STREET ADDRESS	5650 N. GENTLE POINT		STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 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: [signature] Pres. 2/4/08 352-270-8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #