

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000108638

1. Entity Name
FOUR POINTE HOME SALES, INC



Principal Place of Business
12651 SEMINOLE BLVD., LOT 5-L
LARGO, FL 33778

Mailing Address
12651 SEMINOLE BLVD., LOT 5-L
LARGO, FL 33778



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1620067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOEHRING, DON
13225 101ST ST., #380
LARGO, FL 33773

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MOEHRING, DON
STREET ADDRESS	13225 101ST. ST., #380
CITY-ST-ZIP	LARGO, FL 33773
TITLE	VPTD
NAME	BELL, ROBERT L
STREET ADDRESS	12651 SEMINOLE BLVD., LOT 5-L
CITY-ST-ZIP	LARGO, FL 33778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/08-80005-012.150.00

**DO NOT WRITE
IN THIS SPACE**

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: Donald Moehring DONALD MOEHRING

2-29-08

727 585-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #