

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000049542

1. Entity Name
GRAND POINTE, INC.



Principal Place of Business
**220 W GARDEN STREET
SUITE 605
PENSACOLA, FL 32501**

Mailing Address
**C/O THOMAS W. SYLTE
605 SUN BANK TOWER
PENSACOLA, FL 32501**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3222870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SYLTE, THOMAS W
605 SUN BANK TOWER
220 W GARDEN STREET
PENSACOLA, FL 32501**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000216380
02/05/05-80044-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SYLTE, THOMAS W
STREET ADDRESS	220 W GARDEN ST SUITE 605
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	MEEK, ABBIE E
STREET ADDRESS	220 W GARDEN ST SUITE 605
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	BURCHARDT, EDWINA
STREET ADDRESS	220 W GARDEN ST SUITE 605
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	GUND, TED G
STREET ADDRESS	220 W GARDEN ST SUITE 605
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	SYLTZ, MARY
STREET ADDRESS	220 W GARDEN STREET STE 605
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

Date

850-434-6830

Daytime Phone #