

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049542

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: GRAND POINTE, INC.

## Current Principal Place of Business:

220 W GARDEN STREET  
SUITE 605  
PENSACOLA, FL 32501

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

220 W GARDEN STREET  
SUITE 605  
PENSACOLA, FL 32501

FEI Number: 59-3222870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SYLTE, THOMAS W  
Address: 220 W GARDEN ST SUITE 605  
City-St-Zip: PENSACOLA, FL

Title: V ( ) Delete  
Name: MEEK, ABBIE E  
Address: 220 W GARDEN ST SUITE 605  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: BURCHARDT, EDWINA  
Address: 220 W GARDEN ST SUITE 605  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: KELTON, MARY KATE  
Address: 220 W. GARDEN ST SUITE 605  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: SYLTE, MARY  
Address: 220 W GARDEN STREET STE 605  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W SYLTE

MGR

04/28/2009

Electronic Signature of Signing Officer or Director

Date