

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90308 042 \*\*\*150.00

DOCUMENT # P97000032548

1. Entity Name  
CENTRE POINT COMMERCE PARK, INC.



Principal Place of Business  
1555 HOWELL BRANCH RD  
SUITE C-208  
WINTER PARK, FL 32789 US

Mailing Address  
1555 HOWELL BRANCH RD  
SUITE C 208  
WINTER PARK, FL 32789 US

14012857



2. Principal Place of Business  
2699 LEE ROAD

3. Mailing Address  
P.O. Box 940157

Suite, Apt. #, etc.  
SUITE 405

Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State  
WINTER PARK FL

City & State  
MAITLAND FL

4. FEI Number  
59-3439266

Applied For  
Not Applicable

Zip  
32789

Country  
USA

Zip  
32794

Country  
USA

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

## 6. Name and Address of Current Registered Agent

KELLOGG, ROGER W  
1470 PLACE PICARDY  
MAITLAND, FL 32789

## 7. Name and Address of New Registered Agent

Name

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KELLOGG, ROGER W  
1555 HOWELL BRANCH RD SUITE C-208  
WINTER PARK, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MITCHELL, JOHN C II  
143 N KILLARNET DR  
WINTER PARK, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert W Kellogg* Robert W Kellogg 4/27/04 407-644-2212