2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000050706

1. Entity Name
7 POINTS CORPORATION

Principal Place of Business	Mailing Address
12 SHUMARD CT. N. HOMOSASSA, FL 34446	12 SHUMARD CT. N. HOMOSASSA, FL 34446

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3456262		Not Applicable

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

6. Name and Address of Current Registered Agent

O'DELL, PHILLIP CRAIG
12 SHUMARD CT. N.
HOMOSASSA, FL 34446

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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, 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	PT
NAME	O'DELL, PHILLIP CRAIG
STREET ADDRESS	12 SHUMARD CT. N.
CITY-ST-ZIP	HOMOSASSA, FL 34446

TITLE	VPS
NAME	O'DELL, JAMES M
STREET ADDRESS	6015 NW 13TH PL.
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80053-021 150.00

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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: _____   1/4/08   352-795-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #