

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 017 ***150.00

DOCUMENT # P97000100463

1. Entity Name
CONNECTION POINT, INC.



Principal Place of Business

**771 AIRPORT RD N
#101
NAPLES, FL 34104**

Mailing Address

**771 AIRPORT RD N
#101
NAPLES, FL 34104**

50045734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3508833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGIRL, PATRICK
720 ORCHID DR.
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

PATRICK MC GIL

Street Address (P.O. Box Number is Not Acceptable)

771 Airport Road North #101

City

NAPLES

FL

Zip Code

34104

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

Patrick Mc Gil

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

(NOTE: Registered Agent signature required when reinstating)

04/22/05

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**

10. OFFICERS AND DIRECTORS

T
LANDERS, BONNEVIER ☐ Delete
STREET ADDRESS
2901 PINE RUN ROAD #104
CITY-ST-ZIP
NAPLES, FL 34109

P
MCGIRL, PATRICK ☐ Delete
STREET ADDRESS
5140 GOBBLE CREEK COURT #201
CITY-ST-ZIP
NAPLES, FL 34110

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/05 229-2532479