

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**5. Jun 02, 2005 8:00 am
Secretary of State**

05-09-2005 90291 009 ***150.00

DOCUMENT # P98000002629

1. Entity Name
FLOORPOINT, INC.



Principal Place of Business
**1613 SE 15TH TERRACE
CAPE CORAL, FL 33990**

Mailing Address
**1613 SE 15TH TERRACE
CAPE CORAL, FL 33990**

66020800



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0805937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD
SUITE 312
CAPE CORAL, FL 33904-7211**

**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 _____ (NOTE: Registered Agent signature required when renewing) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MALHOE, ASHOKKUMAR 1613 S.E. 15 TERRACE CAPE CORAL, FL 33990
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**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: **Ashok Malhoe** 5/31/05 239-712-2728

SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone