2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P98000092019 1. Entity Name CITADEL POINTE, INC. Principal Place of Business Mailing Address 1515 N FEDERAL HWY, STE 306 1515 N FEDERAL HWY, STE 306 BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-0886503 Not Applicable Zio Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GENSHEIMER, MARK A Street Address (P.O. Box Number is Not Acceptable) 1515 N FEDERAL HWY. STE. 306 **BOCA RATON FL 33432** City 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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. шп шп ☐ Delete ☐ Change Addition GENSHEIMER, MARK A NAME. NAME 1515 N FEDERAL HWY, STE 306 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CHY-SI-ZIP CITY-ST-/IP THILE ☐ Delete Addition ☐ Change SCHMIDT, RICHARD L NAME 1515 N FEDERAL HWY, STE 306 SIDECT ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-7P IIILL Delete Change Addition NAME STREET ADDRESS STRITET ADDRESS CITY - S1 - 7IP CITY-ST-Z(P THE Delete TITLE Change Addition NAMI NAME 000000739347 STALL LADDRESS STREET ADDRESS 05/14/07-80023-011 150.00 CITY-ST-7IP CITY-ST-ZIP Detele Addition 1001 TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP mir. Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: JULY 412607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer 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 expressions.