


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90104 012 ***158.75

DOCUMENT # S11935	
1. Entity Name SHORE POINT MANAGEMENT COMPANY	

Principal Place of Business 2101 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118	Mailing Address 2101 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

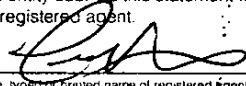
City & State	City & State	4. FEI Number 59-3038694	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NIEDERPRUEM, LINDA 2101 S ATLANTIC AVE DAYTONA BEACH FL 32118	
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7. Name and Address of New Registered Agent Name CURT NIEDERPRUEM Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NIEDERPRUEM, LINDA A 2101 S. ATLANTIC AVE DAYTONA SHORES FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST NIEDERPRUEM, CURT L 2101 S ATLANTIC AVENUE DAYTONA SHORES FL 32118
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

12. I hereby 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Date

Daytime Phone #

ATTACHMENT

60038008

#S1935

MAY 3RD 2006

TO THE ATTENTION OF: DIVISION OF CORPORATIONS

THIS IS TO ADVISE YOU THAT THE ANNUAL REPORT FORM WAS MAILED TO YOU IN A TIMELY MANNER,
HOWEVER , TO MY SURPRISE THE MAIL WAS RETURNED ON MAY 2ND 2006. I'M ENCLOSING THE POST MARKED
ENVELOPE FOR YOUR REVIEW. I'M ALSO ATTACHING THE ANNUAL REPORT FORM ALONG WITH NECESSARY
CHANGES.

YOURS TRULY

CURT NIEDERPRUEM
386-254-8710