


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084983 1. Entity Name HIGHPOINT DEVELOPMENT GROUP, INC.	
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Principal Place of Business 20507 NETHERLAND STREET ORLANDO, FL 32833	Mailing Address 20507 NETHERLAND STREET ORLANDO, FL 32833
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04102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0564273	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOON, WALTER R 1218 E ROBINSON STREET ORLANDO, FL 32801	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DERA, CHRISTOPHER 20507 NETHERLAND STREET ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DERA, LORIE 20507 NETHERLAND STREET ORLANDO, FL 32833
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/21/04-80024-007 158.75

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 supplementary 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 all entries with all other like entries covered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
 Date
 383-2162
 Daytime Phone #