

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90056 006 \*\*\*150.00

**DOCUMENT # P00000024145**

1. Entity Name

HIGHPOINTTRADE.COM, INC.



Principal Place of Business

415 PINEDA COURT  
SUITE B  
MELBOURNE FL 32940

Mailing Address

415 PINEDA COURT  
SUITE B  
MELBOURNE FL 32940

24050884



MOORE CR2E034 (11/03)

2. Principal Place of Business

739 Autumn Glen Dr.

3. Mailing Address

739 Autumn Glen Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3630297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH G. COLOMBO, P.A.  
2351 W. EAU GALLIE BLVD., SUITE 1  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PT ☐ Delete  
NAME MCFARLAND, GREGORY  
STREET ADDRESS 1213 MIRA VISTA CT  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE S ☒ Delete  
NAME MCFARLAND, SCOTT  
STREET ADDRESS 2355 SHELL AVENUE  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE V ☐ Delete  
NAME KENDALL, MARK  
STREET ADDRESS 4107 LAS CRUCES  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE P/T/S ☒ Change ☐ Addition  
NAME MCFARLAND, GREGORY  
STREET ADDRESS 739 AUTUMN GLEN DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Gregory McFarland* Gregory McFarland 4/19/04 321-751-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #