

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90147 002 \*\*\*150.00

<b>DOCUMENT # P02000084983</b> 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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**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

MOON, WALTER R  
 1218 E ROBINSON STREET  
 ORLANDO, FL 32801

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PTD DERA, CHRISTOPHER 20507 NETHERLAND STREET ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DERA, LORI A 20507 NETHERLAND STREET ORLANDO, FL 32833
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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:**  **Christopher Dera** 3/5/05 407-568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6966