

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90204 023 ***150.00

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04222006 Chg-P CR2E034 (11/05)

DOCUMENT # P93000076275 1. Entity Name HIGH POINT PARK, INC.					
Principal Place of Business 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308		
2. Principal Place of Business 446 Connadi St. Suite, Apt. #, etc. H107		3. Mailing Address P.O. Box 12579 Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 11-3657183	
Zip 32304		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTTICE, JOHN P 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name John P. Mottice Street Address (P.O. Box Number is Not Acceptable) 446 Connadi St., H107 City Tallahassee FL 32304		
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 John P. Mottice, President 4/26/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME MOTTICE, JOHN P STREET ADDRESS 2019 CENTRE POINTE BLVD., STE. 101 CITY-ST-ZIP TALLAHASSEE, FL 32308			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME (same) STREET ADDRESS 446 Connadi St, #H107 CITY-ST-ZIP Tallahassee, FL 32304		
TITLE ST <input type="checkbox"/> Delete NAME MOTTICE, H. J STREET ADDRESS 2019 CENTRE POINTE BLVD., STE. 101 CITY-ST-ZIP TALLAHASSEE, FL 32308			TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME (same) STREET ADDRESS 446 Connadi St, #H107 CITY-ST-ZIP Tallahassee, FL 32304		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 Chapter 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 all other like empowered.					
SIGNATURE: John P. Mottice, President 4/26/06 850-386-2117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					