

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000077054

1. Entity Name  
HIGH POINT PARTNERS, INC.



Principal Place of Business  
2019 CENTRE POINTE BLVD  
SUITE 101  
TALLAHASSEE, FL 32308

Mailing Address  
2019 CENTRE POINTE BLVD  
SUITE 101  
TALLAHASSEE, FL 32308



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3218098

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOTTICE, H JAY  
2019 CENTRE POINTE BLVD  
SUITE 101  
TALLAHASSEE, FL 32308

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000121697  
04/20/04-80063-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	MOTTICE, H JAY
STREET ADDRESS	2019 CENTRE POINTE BLVD STE 101
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	PS
NAME	MOTTICE, JOHN P
STREET ADDRESS	2019 CENTRE POINTE BLVD STE 101
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(b), 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:

*[Signature]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04  
Date

850-386-2117  
Daytime Phone #