

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90204 024 \*\*\*150.00

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<b>DOCUMENT # P93000077054</b> 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	
2. Principal Place of Business 446 Conradi St. Suite, Apt. #, etc. H107		3. Mailing Address P.O. Box 12579 Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip Country 32304 USA		City & State Tallahassee, FL Zip Country 32317 USA	
4. FEI Number 59-3218098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  MOTTICE, H JAY 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name <b>John P. Mottice</b> Street Address (P.O. Box Number is Not Acceptable) <b>446 Conradi St., H107</b> City <b>Tallahassee</b> <b>FL</b> <b>32304</b>	
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 <b>John P. Mottice, President</b> <span style="float: right;"><b>4/26/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete MOTTICE, H JAY 2019 CENTRE POINTE BLVD STE 101 TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same 446 Conradi St, H107 Tallahassee, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS <input type="checkbox"/> Delete MOTTICE, JOHN P 2019 CENTRE POINTE BLVD STE 101 TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PS Same 446 Conradi St, H107 Tallahassee, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>John P. Mottice, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/26/06</b> <b>850-386-2117</b> <small>Date Daytime Phone #</small>	