

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P93000077054

1. Entity Name  
HIGH POINT PARTNERS, INC.



Principal Place of Business  
446 CONRADI ST  
H107  
TALLAHASSEE, FL 32304

Mailing Address  
PO BOX 12579  
TALLAHASSEE, FL 32317



02132007 No Chg-P CR2E034 (11/05)

**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, JOHN P  
446 CONRADI ST  
H107  
TALLAHASSEE, FL 32304

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME MOTTICE, H JAY  
STREET ADDRESS 446 CONRADI ST H107  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE PS  
NAME MOTTICE, JOHN P  
STREET ADDRESS 446 CONRADI ST H107  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000750537  
05/18/07-80066-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

850-386-2117

Daytime Phone #