

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90205 040 ***150.00

DOCUMENT # P94000047187

1. Entity Name

HIGH POINT BEACH, INC.



Principal Place of Business

119 EUCLID AVE
BIRMINGHAM AL 35213
US

Mailing Address

119 EUCLID AVE
BIRMINGHAM AL 35213
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3263339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, LES W
BURK & BLUE PA
221 MCKENZIE AVE
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNHAM, WESLEY L	
STREET ADDRESS	119 EUCLID AVE	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, I. L. JR	
STREET ADDRESS	P O BOX 101329 N/A	
CITY-ST-ZIP	BIRMINGHAM AL 35210	
TITLE	D	<input type="checkbox"/> Delete
NAME	NALL, J WALLACE JR	
STREET ADDRESS	119 EUCLID AVE	
CITY-ST-ZIP	PENSACOLA FL 35213	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, CARTER S	
STREET ADDRESS	3125 MONTGOMERY HWY SUITE 116	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	D	<input type="checkbox"/> Delete
NAME	NALL, J WALLACE III	
STREET ADDRESS	119 EUCLID AVE	
CITY-ST-ZIP	PENSACOLA FL 35213	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHATLEY, KATHERINE NALL	
STREET ADDRESS	119 EUCLID AVE	
CITY-ST-ZIP	BIRMINGHAM AL 35213	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04 (205)879-7720