


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 017 ***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		4. FEI Number 59-3263339	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNHAM, WESLEY L		NAME		
STREET ADDRESS	119 EUCLID AVE		STREET ADDRESS		
CITY- ST- ZIP	BIRMINGHAM, AL 35213		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'SULLIVAN, I. L. JR		NAME		
STREET ADDRESS	P O BOX 101329 N/A		STREET ADDRESS		
CITY- ST- ZIP	BIRMINGHAM, AL 35210		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NALL, J WALLACE JR		NAME		
STREET ADDRESS	119 EUCLID AVE		STREET ADDRESS		
CITY- ST- ZIP	PENSACOLA, FL 35213		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, CARTER S		NAME		
STREET ADDRESS	3125 MONTGOMERY HWY SUITE 116		STREET ADDRESS		
CITY- ST- ZIP	BIRMINGHAM, AL 35209		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NALL, J WALLACE III		NAME		
STREET ADDRESS	119 EUCLID AVE		STREET ADDRESS		
CITY- ST- ZIP	PENSACOLA, FL 35213		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHATLEY, KATHERINE NALL		NAME		
STREET ADDRESS	119 EUCLID AVE		STREET ADDRESS		
CITY- ST- ZIP	BIRMINGHAM, AL 35213		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 life empowered.					
SIGNATURE: _____			J.W. NALL, JR. 4-18-05 (205) 879-7720 Date Daytime Phone #		