

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90201 014 \*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04202006 Chg-P CR2E034 (11/05)

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**

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

**7. Name and Address of New Registered Agent**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 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:** J.W. NALL, JR. **4-24-06 (205) 879-7720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #