



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P94000047187 1. Entity Name HIGH POINT BEACH, INC.	
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Principal Place of Business 119 EUCLID AVE BIRMINGHAM, AL 35213 US	Mailing Address 119 EUCLID AVE BIRMINGHAM, AL 35213 US
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3263339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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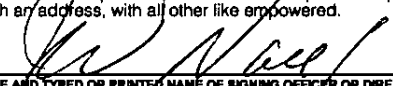
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000737621 05/11/07-80034-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, WESLEY L 119 EUCLID AVE BIRMINGHAM, AL 35213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SULLIVAN, I. L. JR P O BOX 101329 N/A BIRMINGHAM, AL 35210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NALL, J WALLACE JR 119 EUCLID AVE PENSACOLA, FL 35213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, CARTER S 3125 MONTGOMERY HWY SUITE 116 BIRMINGHAM, AL 35209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NALL, J WALLACE III 119 EUCLID AVE PENSACOLA, FL 35213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHATLEY, KATHERINE NALL 119 EUCLID AVE BIRMINGHAM, AL 35213	

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:  **4-19-07** **(205) 879-7720**

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