2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

Mar 07, 2006 8:00 am Secretary of State 03-07-2006 90014 043 ***150.00 **DOCUMENT # P98000040649** HIGHPOINT ENTERPRISES OF PORT CHARLOTTE, INC. Principal Place of Business Mailing Address 50001182 **800 S OSPREY AVE** 1208 NORTHCASEY KEY RD OSPREY, FL 34275 BLDG B SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 59-3509114 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNTHER, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 1208 CASEY KEY RD NORTH OSPREY, FL 34275 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition TITLE GUNTHER, ROBERT C NAME NAME 1208 CASEY KEY RD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OSPREY, FL 34275** CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition **GUNTHER, JAYNE C** NAME NAME 1208 CASEY KEY RD N STREET ADORESS STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34275 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition SUPLEE, RAYMOND T NAME NAME 800 S. OSPREY AVE. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY - ST - 7IP CITY-ST-7IP VD Delete TITLE ☐ Change ☐ Addition TITLE NAME ROCKLEIN, JOSEPH E III NAME STREET ADDRESS 800 S. OSPREY AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

FILED