


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000040649 1. Entity Name HIGHPOINT ENTERPRISES OF PORT CHARLOTTE, INC.	
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Principal Place of Business 1208 NORTHCASEY KEY RD OSPREY, FL 34275	Mailing Address 800 S OSPREY AVE BLDG B SARASOTA, FL 34236
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509114	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GUNTHER, ROBERT C
1208 CASEY KEY RD NORTH
OSPREY, FL 34275

**DO NOT WRITE
IN THIS SPACE**

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. ☐ **\$5.00** May Be
Added to Fees

U000000586726
01/17/07-80004-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTHER, ROBERT C 1208 CASEY KEY RD N OSPREY, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTHER, JAYNE C 1208 CASEY KEY RD N OSPREY, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUPLEE, RAYMOND T 800 S. OSPREY AVE. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCKLEIN, JOSEPH E III 800 S. OSPREY AVE. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #