

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P99000064470

1. Entity Name
HIGH POINT REAL ESTATE CORP.



Principal Place of Business
413 CLEVELAND ST
CLEARWATER, FL 33755 US

Mailing Address
413 CLEVELAND ST
CLEARWATER, FL 33755 US



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3589262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERR, DAVID L
300 N. OSCEOLA AVENUE
APT. 5-C
CLEARWATER, FL 33755

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERR, DAVID L 300 N. OSCEOLA AVE., 5-C CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERN, ANDREA 413 CLEVELAND ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERR-TANNER, CRYSTAL 413 CLEVELAND ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KERR, ROXANNE P 413 CLEVELAND ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000762314
05/29/07-80001-016 150.00

**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 #