


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # S52371 1. Entity Name HIGH POINT ENTERPRISES, INCORPORATED	
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Principal Place of Business 800 S. OPREY AVE BLDG. B SARASOTA, FL 34236	Mailing Address 800 S. OSPREY AVENUE BLDG. B SARASOTA, FL 34236
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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1987535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUNTHER, ROBERT C 1208 CASEY KEY ROAD N. 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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$160.00
After May 1, 2008 Fee will be \$550.00**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GUNTHER, ROBERT C 1208 N CASEY KEY RD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUNTHER, JAYNE C 1208 N CASEY KEY RD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCKLEIN, III, JOSEPH E 800 S. OSPREY AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUPLEE, T. RAYMOND 800 S. OSPREY AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/08-80005-020 150.00

**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 **1/16/08** Daytime Phone # _____