

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90840 001 \*\*\*\*\*8.75  
 05-03-2004 90840 002 \*\*\*150.00

**66418162**



03202004 Chg-P CR2E034 (10/03)

**DOCUMENT # P03000109655**  
 1. Entity Name  
 HIGHWAY POINT TRANSPORTATION, INC.



Principal Place of Business: 9200 N.W. 39TH AVENUE #115 SUITE 130 GAINESVILLE, FL 32606  
 Mailing Address: 9200 N.W. 39TH AVENUE #115 SUITE 130 GAINESVILLE, FL 32606

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country

4. FEI Number: **30 0199085**  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: HALE, JERRY W, 6130 SE ROBINSON ROAD, BELLEVIEW, FL 34420  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  **\$8.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PORTNOY, SAMUEL STREET ADDRESS: 9200 N.W. 39TH AVENUE #115 CITY- ST- ZIP: GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PORTNOY, HARVEY STREET ADDRESS: 9200 N.W. 39TH AVENUE #115 CITY- ST- ZIP: GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **4-30-04** **(352) 488-0313**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #