

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90044 019 ***150.00

DOCUMENT # P98000002750					
1. Entity Name HIGHWAY MAINTENANCE, INC.					
Principal Place of Business 1378 RAILROAD AVENUE CHIPLEY, FL 32428			Mailing Address 1378 RAILROAD AVENUE CHIPLEY, FL 32428		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3493061	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANEY, ROGER L III 1378 RAILROAD AVENUE CHIPLEY, FL 32428			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. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GUETTLER, ALFRED D		NAME		
STREET ADDRESS	524 A HIGHWAY 90		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GUETTLER, DANIEL G		NAME		
STREET ADDRESS	478 HIGHWAY 90		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LANEY, ROGER L III		NAME		
STREET ADDRESS	PO BOX 86		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			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			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/5/04 850/688-4961		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94026404



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