

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027497

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HWY MOTORS INC.

**Current Principal Place of Business:**

2260 SW 135TH STREET  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

2260 SW 135TH STREET  
OCALA, FL 34473

**New Mailing Address:**

FEI Number: 57-3499222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURGOS, MARIO  
165 MARION OAKS LN  
OCALA, FL 34473 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURGOS, MARIO  
Address: 2260 SW 135TH ST.  
City-St-Zip: Ocala, FL 34473 US

Title: VP ( ) Delete  
Name: BURGOS, FRANK  
Address: 2260 SW 135 ST  
City-St-Zip: Ocala, FL 34473 US

Title: VP ( ) Delete  
Name: BURGOS, FRANCES  
Address: 2260 SE 135 ST  
City-St-Zip: Ocala, FL 34473 US

Title: S ( ) Delete  
Name: BURGOS, CHAROL  
Address: 2260 SE 135 ST  
City-St-Zip: Ocala, FL 34473 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO BURGOS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date