

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90331 009 \*\*\*150.00

**DOCUMENT # 164630**

1. Entity Name  
HIGHWAY EQUIPMENT & SUPPLY CO.



Principal Place of Business  
1016 W CHURCH STREET  
ORLANDO, FL 32805 US

Mailing Address  
P O BOX 547189  
ORLANDO, FL 32854 US



50037992

01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0656633

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PASSMORE, JEFFREY L  
1016 WEST CHURCH ST  
ORLANDO, FL 32805

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME SNYDER, MARK A  
STREET ADDRESS ONE GLADE PARK E  
CITY-ST-ZIP KITTANNING, PA

TITLE AS  
NAME KUJAWA, JOHN M  
STREET ADDRESS 1016 W CHURCH ST  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE VD  
NAME SNYDER, C.H., JR.  
STREET ADDRESS ONE GLADE PARK E  
CITY-ST-ZIP KITTANNING, PA

TITLE TD  
NAME SNYDER, DAVID E  
STREET ADDRESS ONE GLADE PARK E  
CITY-ST-ZIP KITTANNING, PA

TITLE CD  
NAME SNYDER, E A  
STREET ADDRESS ONE GLADE PARK E  
CITY-ST-ZIP KITTANNING, PA

TITLE PD  
NAME PASSMORE, JEFFREY L  
STREET ADDRESS 1016 W. CHURCH ST  
CITY-ST-ZIP ORLANDO, FL 32805

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IN THIS SPACE**

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:

*Jeffrey L. Passmore* J. PASSMORE, PRES.

4-15-05 407 8436310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #