


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90008 007 ***158.75

DOCUMENT # G94496

1. Entity Name
FIELDS-HUSTON CADILLAC, BUICK, PONTIAC & GMC, INC.



Principal Place of Business Mailing Address

**US 27 AT CENTRAL AVENUE
 PO BOX 3907
 LAKE WALES, FL 33859-3907**

**US 27 AT CENTRAL AVENUE
 PO BOX 3907
 LAKE WALES, FL 33859-3907**

2. Principal Place of Business 3. Mailing Address

19510 Hwy 27 **19510 Hwy 27**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lake Wales, FL **Lake Wales, FL**

Zip Country Zip Country

33853 USA **33853 USA**

02162006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2395103** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**FIELDS, RANDOLPH H
 US 27 AT CENTRAL AVE
 LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19510 Hwy 27

City **Lake Wales** FL Zip Code **33853**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FOREST, IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELDS, RANDOLPH H US 27 AT CENTRAL AVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTOS, DEBRA S US 27 CENTRAL AVE. LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19510 Hwy 27 Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19510 Hwy 27 Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy C. Huston 19510 Hwy 27 Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Samuel D. Huston 19510 Hwy 27 Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: _____ **02/21/2006** **863-676-2503**
Signature and typed or printed name of signing officer or director Date Daytime Phone #