

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # G94496

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



Principal Place of Business
19510 HWY 27
LAKE WALES, FL 33853

Mailing Address
19510 HWY 27
LAKE WALES, FL 33853



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
19510 HWY 27
LAKE WALES, FL 33853

**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 _____ 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, 2007 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FIELDS, RANDOLPH H
19510 HWY 27
LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANTOS, DEBRA S
19510 HWY 27
LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HUSTON, TIMOTHY C
19510 HWY 27
LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUSTON, SAMUEL D
19510 HWY 27
LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/7/2007
Date Daytime Phone #