


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
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
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2395103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, RANDOLPH H
 19510 HWY 27
 LAKE WALES, FL 33853

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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, 2008 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	

U00000833527
 02/28/08-80016-017 150.00

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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 jobs empowered.

SIGNATURE: _____ Date: 2/15/2008 (863) 676-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Timothy C. Huston** Daytime Phone # _____