

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90019 032 ***150.00

DOCUMENT # J96247

1. Entity Name

HUSTON MOTORS, INC.



Principal Place of Business

21280 HWY 27
LAKE WALES FL 33859-3275

Mailing Address

21280 HWY 27
LAKE WALES FL 33859-3275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2580291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSTON, SAMUEL D., JR
261 RUBY LAKES LANE
WINTER HAVEN FL 33884

Name

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

248 McLEAN Landing

City

WINTER HAVEN

FL

Zip Code
33884

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HUSTON, SAMUEL D., JR
STREET ADDRESS 261 RUBY LAKE LANE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ Change ☐ Addition
NAME SAMUEL D HUSTON JR
STREET ADDRESS 248 McLEAN Landing
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ Delete
NAME HUSTON, TIMOTHY C.
STREET ADDRESS 3800 S SCENIC HWY
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL D HUSTON

3/1/04

863-676-0595

Date

Daytime Phone #