

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92276

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: HIGHWAY ENTERPRISES, INC.

## Current Principal Place of Business:

3584 SW ARMELLINI AVE.  
PALM CITY, FL 34990 US

## New Principal Place of Business:

## Current Mailing Address:

3584 SW ARMELLINI AVE.  
PALM CITY, FL 34990 US

## New Mailing Address:

FEI Number: 65-0125341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DITERLIZZI, MICHAEL  
1370 SW DYER POINT RD.  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DITERLIZZI, MICHAEL  
Address: 1340 SW DYER POINT ROAD  
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete  
Name: DITERLIZZI, ROBERT  
Address: 664 WISPERBAY DR  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DITERLIZZI

P

01/13/2005

Electronic Signature of Signing Officer or Director

Date