





2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-06-2004 90021 039 ***150.00

DOCUMENT # P00000061282		
1. Entity Name GUNN HIGHWAY ENTERPRISES, INC.		
Principal Place of Business 2348 SUNSET POINT ROAD STE E CLEARWATER FL 33765		Mailing Address 2348 SUNSET POINT ROAD STE E CLEARWATER FL 33765
2. Principal Place of Business	3. Mailing Address	
 Ralph Wescott 3550 135th Pl Largo, FL 33771	Suite, Apt. #, etc.  Ralph Wescott 3550 135th Pl Largo, FL 33771	
Zip	Country	
6. Name and Address of Current Registered Agent PEACOCK, RAY 2348 SUNSET POINT ROAD STE E CLEARWATER FL 33765		
7. Name and Address of New Registered Agent Name Street Address City Zip Code  Ralph Wescott 3550 135th Pl Largo, FL 33771		
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 <u><i>Ralph Wescott Pres</i></u> DATE <u>3-11-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</div> <div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u><i>Ralph Wescott</i></u> DATE <u>3-11-04</u> DAYTIME PHONE # <u>727 5313688</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

66406006



MOORE CR2E034 (11/03)

4. FEI Number **59-3704144** 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

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 *Ralph Wescott Pres* DATE 3-11-04

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

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 NAME STREET ADDRESS CITY-ST-ZIP

Change ☐ Addition ☐

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