

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007723

1. Entity Name
HIGHWAY MANAGEMENT TECHNOLOGIES, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -2 AM 9:46

Principal Place of Business
225 WOODSIDE AVENUE
ORANGE PARK, FL 32073

Mailing Address
2033 DOOMAR DRIVE
TALLAHASSEE, FL 32308

2. Principal Place of Business

2712 APALACHEE PARKWAY

3. Mailing Address

PO Box 12694

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32301

Country

US

Zip

32317

Country

07022004

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1150645

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNAGIN, WILEY D
225 WOODSIDE AVENUE
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DENISE M HORT
1108 MERRY OAKS
COLLEGE STATION, TX 77840

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
WILEY D CUNAGIN
225 WOODSIDE AVE
ORANGE PARK, FL 32073

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Wiley D Cunagin Wiley D CUNAGIN

7/2/04

850 212 6309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #