


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90245 011 \*\*\*150.00

DOCUMENT # P03000085680

1. Entity Name  
 HI-WAY EXPRESS, INC



Principal Place of Business ← Mailing Address →

10387 SW 73RD AVENUE / 10387 SW 73RD AVENUE  
 OCALA, FL 34476 / OCALA, FL 34476

*581 N.W. 82ND COURT  
 OCALA, FL. 34482*

40065940



03302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0134053	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

BATTISTI, JOSEPH G  
 10387 SW 73RD AVENUE  
 OCALA, FL 34476

*581 N.W. 82ND COURT  
 OCALA, FL. 34482*

*(ADDRESS CHANGE)*

**DO NOT WRITE IN THIS SPACE**

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 *Joseph Battisti* DATE 4-8-2007

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P.D.
NAME	BATTISTI, JOSEPH G
STREET ADDRESS	10387 SW 73RD AVENUE <i>581 N.W. 82ND COURT</i>
CITY-ST-ZIP	OCALA, FL 34476 <i>OCALA, FL. 34482</i>
TITLE	VP.D.
NAME	BATTISTI, CYNTHIA
STREET ADDRESS	10387 SW 73RD AVENUE <i>581 N.W. 82ND COURT</i>
CITY-ST-ZIP	OCALA, FL 34476 <i>OCALA, FL. 34482</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

SIGNATURE: *Joseph G. Battisti* DATE: 4-8-2007 DAYTIME PHONE #: 352-861-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #