

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90194 030 ***150.00

DOCUMENT # P93000032900

1. Entity Name

BOONDOCKS TEXACO, INC.



Principal Place of Business

7110 HIGHWAY 544 EAST
HAINES CITY FL 33844
US

Mailing Address

7110 HIGHWAY 544 EAST
HAINES CITY FL 33844
US

2. Principal Place of Business

38409 US HWY 27

Suite, Apt. #, etc.

3. Mailing Address

38409 US HWY 27

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DAVENPORT, FL

Zip

33837

Country

POLK

City & State

DAVENPORT, FL

Zip

33837

Country

POLK

4. FEI Number

59-3180518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYS, JAMES W
7110 HIGHWAY 544 EAST
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

HAYS, JAMES W.

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

38409 US HWY 27

City

DAVENPORT

FL

Zip Code

33837

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

JAMES W. HAYS, PRES

Signature, typed or printed name of registered agent and title if applicable.

James W. Hays

(NOTE: Registered Agent signature required when reinstating)

4/11/04

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

TITLE PSTD ☐ Delete
NAME HAYS, JAMES W
STREET ADDRESS 7110 HIGHWAY 544 EAST
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

James W. Hays, Pres. JAMES W. HAYS 4/11/04 863 419-0875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #