


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 Mailing Address
 7110 HIGHWAY 544 EAST 7110 HIGHWAY 544 EAST
 HAINES CITY FL 33844 HAINES CITY FL 33844
 US US

2. Principal Place of Business 3. Mailing Address
38409 US HWY 27 **38409 US HWY 27**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVENPORT, FL **DAVENPORT, FL**
 Zip Country Zip Country
33837 **POLK** **33837** **POLK**



MOORE CR2E034 (11/03)

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 7. Name and Address of New Registered Agent
HAYS, JAMES W
7110 HIGHWAY 544 EAST
HAINES CITY FL 33844
 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** *James W. Hays* **4/11/04**
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, JAMES W	NAME	
STREET ADDRESS	7110 HIGHWAY 544 EAST	STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #