


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000039549</b> 1. Entity Name HIGHWAY & HEAVY CONSULTANTS, INC.	
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Principal Place of Business 16 WESTON RD LEESBURG, FL 34748 US	Mailing Address 16 WESTON RD LEESBURG, FL 34748 US
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01062005	No Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-3247978</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PHILLIPS, R. PATRICK ESQ. 200 N. THORNTON AVENUE ORLANDO, FL 32801-2164	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KELLEY, PETER G
STREET ADDRESS	16 WESTON RD
CITY-ST- ZIP	LEESBURG, FL
TITLE	PD
NAME	KELLEY, MARY S
STREET ADDRESS	16 WESTON RD
CITY-ST- ZIP	LEESBURG, FL
TITLE	T
NAME	KELLEY, KAREN S.
STREET ADDRESS	18815 DUDUES DR
CITY-ST- ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Peter G. Kelley **PETER G. KELLEY** JAN 7, 2005 352326-2128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #