


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90069 020 ***150.00

DOCUMENT # P94000088680 1. Entity Name HIGHSMITH AUTO TRANSPORT, INC.			
Principal Place of Business 3102 EASTWOOD DR BRYCEVILLE, FL 32009 US		Mailing Address 3102 EASTWOOD DR BRYCEVILLE, FL 32009 US	
2. Principal Place of Business 3102 EASTWOOD DR Suite, Apt. #, etc.		3. Mailing Address 3102 EASTWOOD DR. Suite, Apt. #, etc.	
City & State BRYCEVILLE FL Zip 32009 Country		City & State BRYCEVILLE FL Zip 32009 Country US	
4. FEI Number 59-3285756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHSMITH, JOSEPH R RT. 1, BOX 239 BRYCEVILLE, FL 32009		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HIGHSMITH, JOSEPH R RT. 1, BOX 239 BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Joseph R Highsmith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JOSEPH R HIGHSMITH PRESIDENT 4-15-04 904 8794164 Date Daytime Phone #	