

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000055056
 1. Entity Name
 TEX HUGHLETTE WHEELER ART, INC.



Principal Place of Business: 1047 CHRISTMAS ROAD, CHRISTMAS, FL 32709
 Mailing Address: P.O. BOX 141, CHRISTMAS, FL 32709

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3590849 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BASS, BETTY
 6802 SO. ORANGE BLOSSOM TRAIL
 DAVENPORT, FL 33837

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, BETTY 6802 SO. ORANGE BLOSSOM TRAIL DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LLEWELLYN, RICHARD POST OFFICE BOX 141 CHRISTMAS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/12/04-80059-010 150.00

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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)(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: Richard Llewellyn 4-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #