


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S91524 1. Entity Name FLORIDA HIGHWAY PRODUCTS, INC.	
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Principal Place of Business 3900 US HWY 17 N P.O. BOX 928 BARTOW, FL 33831 US	Mailing Address 3900 US HWY 17 N P.O. BOX 928 BARTOW, FL 33831 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MYERS, C. B. 130 E. CENTRAL AVE. LAKE WALES, FL 33853
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAGGARD, JOHN R 3900 US HWY 17 N BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MAGGARD, ROBERT H 3900 US HWY 17 N BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/17/05--01071--007 **157.75

**DO NOT WRITE
IN THIS SPACE**

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

FILED
05 MAY -9 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3103183	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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