

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90406 044 ***150.00



DOCUMENT # P03000030963
 1. Entity Name
FLORIDA KUSTOM WHEEL, INC.

Principal Place of Business Mailing Address
905 CORNWALL RD **905 CORNWALL RD**
SANFORD FL 32773 **SANFORD FL 32773**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
01-0772893 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
YIELDING, GREGORY D
905 CORNWALL RD
SANFORD FL 32773

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 _____ 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
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YIELDING, GREGORY	
STREET ADDRESS	905 CORNWALL RD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRENTON, RONALD	
STREET ADDRESS	905 CORNWALL RD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLEY A. YIELDING	
STREET ADDRESS	2446 UNIONVILLE DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD G. BRENTON	
STREET ADDRESS	223 SHADY OAKS CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDA-L SKOTEN	
STREET ADDRESS	26079 So. HILLOCKBURN RD.	
CITY-ST-ZIP	ESTACADA, OREGON 97023	
TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLEY A. YIELDING	
STREET ADDRESS	2446 UNIONVILLE DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(j), 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: Ronald G. Brenton **4/15/04** **407-34-2473**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #