

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000025025

1. Entity Name

VH AUTOMOTIVE WHOLESALE, INC.



Principal Place of Business
10462 COOPERWOOD DR
NEW PORT RICHEY FL 34654

Mailing Address
10462 COOPERWOOD DR
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number
59-3230860

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

V.H AUTOMOTIVE WHOLESALE T
10462 COPPERWOOD DR
PORT RICHEY FL 34668

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	D HAND, VICTOR J	6818 GRAPHIC DR	PORT RICHEY FL 34668	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Add
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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04/06/05-80026-024 150.00

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 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

3/28/05 (727) 805-7120
Date Daytime Phone #