


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000081358 1. Entity Name WY SUBS, INC.	
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Principal Place of Business 331 SE PORT ST LUIE BLVD PORT SAINT LUCIE, FL 34984 US	Mailing Address 1219 S.W. CURTIS STREET PORT ST. LUCIE, FL 34983
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0704797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORGMANN, DENNIS H
1219 S.W. CURTIS STREET
PORT ST. LUCIE, FL 34983

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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 _____ (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. **\$5.00** May Be Added to Fees

000000113000
04/14/04-80046-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BORGMANN, DENNIS H
STREET ADDRESS	1219 S.W. CURTIS ST
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	DVP
NAME	DAVIS, DIANNA R
STREET ADDRESS	1219 S.W. CURTIS ST
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	DS
NAME	BORGMANN, DANIE R
STREET ADDRESS	1781 PELICAN AVE.
CITY-ST-ZIP	VENTURA, CA 93003
TITLE	DT
NAME	BORGMANN, MICHELLE K
STREET ADDRESS	1781 PELICAN AVE.
CITY-ST-ZIP	VENTURA, CA 93003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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