


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 041 ***150.00

DOCUMENT # 014843
 1. Entity Name
WARREN WOOTEN FORD, INC.



Principal Place of Business: 4225 NAPERVILLE RD. LISLE, IL 60532
 Mailing Address: 4225 NAPERVILLE RD. LISLE, IL 60532

94029460



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: c/o Miller Ellin & Co., 750 Lexington Ave, NY NY, 10022

02042004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-0452670
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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: _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SOTIR, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4225 NAPERVILLE RD.	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE NAME	SD APRATI, ROBERT L	<input type="checkbox"/> Delete
STREET ADDRESS	4225 NAPERVILLE RD.	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE NAME	VPD JOHNSON, WILLIAM S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4225 NAPERVILLE RD.	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE NAME	VP KRAM, THOMAS L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4225 NAPERVILLE RD.	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD APRATI, ROBERT L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	c/o MILLER ELLIN & CO., LLP, 750 LEXINGTON AVE	
CITY-ST-ZIP	NY NY 10022	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Robert Aprati* **3/13/04** **630-235-9196**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #