

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 049 ***158.75

DOCUMENT # 171908

1. Entity Name
WISE BROTHERS, INC.



Principal Place of Business

**3420 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**

Mailing Address

**3420 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**

34000452



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0701336

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WISE, ABE O.
1501 ANCHOR COURT
ORLANDO, FL 32804**

**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, 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
STREET ADDRESS
CITY-ST-ZIP
**PD
WISE, ABE O
1501 ANCHOR COURT
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WISE, ZELIG O
3813 LAKE SARAH DR
ORLANDO, FL 32804**

OMIT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
LANG, ELLEN W
3820 LAKE SARAH DR
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVTS
WISE, DANIEL
1220 DRUID RD
MAITLAND, FL 32751**

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)(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 #