

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90016 042 ***150.00

DOCUMENT # 429177

1. Entity Name

WISE VENTURES, INC.,



Principal Place of Business

5809 BEGGS RD.
ORLANDO FL 32810

Mailing Address

5809 BEGGS RD.
ORLANDO FL 32810

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

59-1469536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

WISE, CHRISTOPHER R.
5809 BEGGS ROAD
ORLANDO FL 32810

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

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

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 type="checkbox"/> Delete
NAME	WISE, CHRISTOPHER R	
STREET ADDRESS	3709 BOBOLINK LANE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WISE, LESLIE W	
STREET ADDRESS	3709 BOBOLINK LANE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	WORTH, JOHN E JR	
STREET ADDRESS	812 E ORANGE ST	
CITY-ST-ZIP	APOKA FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOTAING, JOHN E	
STREET ADDRESS	900 TEATRO CT	
CITY-ST-ZIP	ORLANDO FL 32807	
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	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wise, Christopher	
STREET ADDRESS	113 W. 15th St.	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wise, Mark A.	
STREET ADDRESS	5817 Beggs Rd. #9	
CITY-ST-ZIP	Orlando FL 32810	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wise, Joseph W.	
STREET ADDRESS	5817 Beggs Rd. #9	
CITY-ST-ZIP	Orlando FL 32810	
TITLE	Vice-President Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wise, Matthew D.	
STREET ADDRESS	5817 Beggs Rd. #9	
CITY-ST-ZIP	Orlando FL 32810	
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)(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 #

Chris Wise
Chris Wise

3-24-04 407-297-081