

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 439060

1. Entity Name
PROIA MOTORS, INC.



Principal Place of Business
**3075 FOWLER ST
FORT MYERS, FL 33901**

Mailing Address
**3075 FOWLER ST
FORT MYERS, FL 33901**



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1488812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPPARD, WALTER O
1833 HENDRY ST
FORT MYERS, FL 33902**

**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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**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	P PROIA, GARY 5280 FAIRFIELD DR. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PROIA, DOROTHY 6109 W. RIVERSIDE DR. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST PROIA, GINO 10841 HIGHLAND AVE. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/12/04-80041-024 150.00

**DO NOT WRITE
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: *GINO PROIA* **GINO PROIA**

4-9-04

239-337-5861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #