

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90345 035 \*\*\*158.75

**DOCUMENT # J23023**

**1. Entity Name**  
**PETE'S RENTAL WHEELS, INC.**



**Principal Place of Business**  
**7049 WILLOW WOOD STREET**  
**ORLANDO, FL 32818-5855 US**

**Mailing Address**  
**7049 WILLOW WOOD STREET**  
**ORLANDO, FL 32818-5855 US**

**14015316**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

**4. FEI Number**

**59-2696301**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PETERSON, JOSEPHINE R.**  
**230 HENNIS ROAD**  
**WINTER GARDEN, FL 34787**

Name

Street Address (P.O. Box Number is Not Acceptable)

**7049 WILLOW WOOD STREET**

City **ORLANDO**

**FL**

Zip Code

**32818**

**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**

*Mr. Josephine R. Peterson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/04**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PDT** ☐ Delete  
**NAME** **PETERSON, JOSEPHINE R.**  
**STREET ADDRESS** **230 HENNIS ROAD**  
**CITY-ST-ZIP** **WINTER GARDEN, FL**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **7049 WILLOW WOOD STREET**  
**CITY-ST-ZIP** **ORLANDO FL 32818**

**TITLE** **VSD** ☐ Delete  
**NAME** **PETERSON, PATRICIA A.**  
**STREET ADDRESS** **230 HENNIS ROAD**  
**CITY-ST-ZIP** **WINTER GARDEN, FL**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **7049 WILLOW WOOD STREET**  
**CITY-ST-ZIP** **ORLANDO FL 32818**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**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:**

*Mr. Josephine R. Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04**

Date

Daytime Phone #