

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM -
Secretary of State

DOCUMENT # K60434 1. Entity Name WILLEY'S WHEELS, INC.	
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Principal Place of Business % DAVID C. ROBINSON 4712 MONTROSE AVE PONCE INLET, FL 32127 US	Mailing Address % DAVID C. ROBINSON 4712 MONTROSE AVE PONCE INLET, FL 32127 US
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04042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2945496	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, DAVID C.
1326 S. RIDGEWOOD AVE
SUITE 6
DAYTONA BEACH, FL 32114

**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

U000000105860

04/07/04 20042-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMERSON, WILLIAM R. 4712 MONTROSE AVENUE PONCE INLET, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EMERSON, DEBRA 4712 MONTROSE AVENUE PONCE INLET, FL
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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra S. Emerson *Debra S. Emerson* 4/3/04 386-760-7792