


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 001 ***150.00

| | | | | | |
|--|---|---------------------------------|---|---|---|
| DOCUMENT # M35742 1. Entity Name A WHOLE LOT, INC. | | | |  | |
| Principal Place of Business 1335 N.E. 12TH AVE. FT. LAUDERDALE, FL 33304 | | | Mailing Address 1335 N.E. 12TH AVE. FT. LAUDERDALE, FL 33304 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0228742 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SCHULTZ, DONALD 1335 N.E. 12TH AVENUE FT. LAUDERDALE, FL | | | | 7. Name and Address of New Registered Agent Name Johnnie Shaw Street Address (P.O. Box Number is Not Acceptable) 1335 N.E. 12th Avenue City Fort Lauderdale FL 33304 | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHULTZ, DONALD 1335 NE 12TH AVE FT. LAUDERDALE, FL 33304 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Shaw Johnnie 1335 NE 12 Ave, Ft. Lauderdale 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SHAW, JOHNNIE 1335 N.E. 12TH AVE. FT. LAUDERDALE, FL 33304 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Anderson, Sherry 1335 NE 12 Ave, Ft. Lauderdale 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ 3-28-04 954-4107362 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

54027350



02162004 Chg-P CR2E034 (10/03)