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.				04-07-2004 90034 001 ***150.00			
Principal Plac	e of Business	Mailing Address		·.			
1335 N.E. 12TH AVE. 1335 N.E. 12TH AVE. FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL			33304		54027350		
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Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162004 Chg-P CR2E034	(10/03)		
City & State		City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number			
			·	65-0228742	Not Applicable		
Zip	Country	Zip	Country		.75 Additional Required		
	6. Name and Address of Current	Registered Agent	<u>' </u>	7. Name and Address of New Registered Age	nt		
			Name	Takini o Chan			
GOTTOETZ, DOTALED				Johnnie Shaw Address (P.O. Box Number is Not Acceptable)			
1335 N.E. 12TH AVENUE FT. LAUDERDALE, FL				335 N.E. 12th Avenue	5 N.E. 12th Avenue		
FI. LAUDI	ENDALE, FL		<u> </u>				
			City	ort Lauderdale FL	3'39'94		
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office	r registered agent, or both, in the State of Florida. I am fami	fiar with, and accept		
tile optigat	ions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent	Land title of papelinghia (NO)	E. Registered & cast sic	ture required when reinstating} DATE			
	algrature, typed of printed harrie or registered agen	Tand like it applicable. (170	E. Hegistered Agent as	are required when remainingy	· · · · · · · · · · · · · · · · · · ·		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11		
TITLE	PD	☐ Delete	TITLE .	PD 🗆	Change		
NAME	SCHULTZ, DONALD		NAME	Shaw Johnnie			
STREET ADDRESS CITY-ST-ZIP	1335 NE 12TH AVE FT. LAUDERDALE, FL 33304		STREET ADDRES	1335 NE 12 Ave, Ft. Laud	erdale 3330		
TITLE	STD	Delete	TITLE	STD	Change Addition		
NAME	SHAW, JOHNNIE	LJ Delete	NAME	1	Tourist T Vorient		
STREET ADDRESS			STREET ADDRES	Anderson, Sherry	ordale 3331		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		CITY-ST-ZIP	1335 NE 12 Ave, Ft. Laud	erdare 335		
TITLE		☐ Delete	TITLE		Change Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRES				

CITY-ST-ZIP CITY-ST-ZIP upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nial 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 rustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address with all other like empowered. 12. I hereby certify that the informal indicated on this report or support the corporation or the received. supp changed, or on an attachment

_CITY-ST-ZIP _=

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP_

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

TITLE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Delete

□ Change

Change

Change

Addition

Addition

Addition