## **2004 FOR PROFIT CORPORATION**

## Jun 11, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P0000036688 1. Entity Name WHEELS OF BOCA, INCORPORATED Principal Place of Business Mailing Address 171 NW 4TH STREET 487 NW 8TH ST. BOCA RATON, FL 33432 BOCA RATON, FL 33432 05272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0996074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FERRY, MARK \$ DO NOT WRITE 487 NW 8TH ST. BOCA RATON, FL 33432 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be U00000162492 Trust Fund Contribution. Added to Fees Due by September 8, 2004 06/11/04-40001-025 10. OFFICERS AND DIRECTORS D TITLE FERRY, MARK S NAME STREET ADDRESS 487 NW 8TH ST. BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CRY-ST-ZIP TITLE

th this filling does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information its rule and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director flowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver or to changed, or on an attachment with an

SIGNATURE:

STREET ADDRESS

**FILED**