


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90022 015 ***558.75

DOCUMENT # P00000068222	
1. Entity Name AMERICAN WHEELCHAIRS, INC.	

Principal Place of Business 6550 102ND AVE. N., STE. 6 PINELLAS PARK FL 33782	Mailing Address 6550 102ND AVE. N., STE. 6 PINELLAS PARK FL 33782
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2. Principal Place of Business <i>American Wheelchairs Inc</i> Suite, Apt. #, etc. <i>12547 66th St. N.</i> City & State <i>LARGO, Florida</i> Zip <i>33773</i> Country <i>Pineellas</i>	3. Mailing Address <i>American Wheelchairs Inc</i> Suite, Apt. #, etc. <i>12547 66th St. N.</i> City & State <i>LARGO, Florida</i> Zip <i>33773</i> Country <i>Pineellas</i>
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-3662442	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENNIGAR, NEAL 42 BISHOP CREEK DRIVE SAFETY HARBOR FL 34695	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HENNIGAR, NEAL 42 BISHOP CREEK DRIVE SAFETY HARBOR FL 34695 <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:  **6-30-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #