

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2004 90004 022 ***150.00

DOCUMENT # P00000110679

1. Entity Name
WYOMING BEACH, INC.



Principal Place of Business
**955 EGRET CIRCLE
B201
DELRAY BEACH, FL 33444**

Mailing Address
**955 EGRET CIRCLE
B201
DELRAY BEACH, FL 33444**

14023377



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1064672

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGLES, JOHN E
955 EGRET CIRCLE
B201
DELRAY BEACH, FL 33444**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

*Never received RE-Newal Card
CK for \$150.00*

RP

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
INGLES, JOHN E
955 EGRET CIRCLE B201
DELRAY BEACH, FL 33444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PUGLIESE, RON
484 NE PLANTATION RD. #4101
STUART, FL 34996** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PUGLIESE, RON
561 Fairview Rd. #17
Charlotte, NC, 28209** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Ronald V. Pugliese Jr.
Ronald V. Pugliese Jr.

5/24/04

704-907-7003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #