2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000008

1. Entity Name

DEALS ON WHEELS OF PENSACOLA, INC.



Principal Place of Business

8671 NORTH PALAFOX BOULEVARD PENSACOLA, FL 32534 Mailing Address

8671 NORTH PALAFOX BOULEVARD PENSACOLA, FL 32534

FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90295 030 ***150.00

20042521



04192005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3687810

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	* .					
	named entity submits this statement for the pui ions of registered agent.		,	·		niliar with, and accept
·	Signature, typed or primad name of registered agent and title if a	pplicable. (NOTE: Registe	ered Agent signsture re	equired when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIESENBERG, BRYANT B 8671 NORTH PALAFOX BOULEVARD PENSACOLA, FL 32534	gen i				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RIESENBERG, NANCY 8671 NORTH PALAFOX BOULEVARD PENSACOLA, FL 32534					
TITLE MAKE STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTO

and 9-05

Daytime Phone #