


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90034 038 ***150.00

DOCUMENT # P01000067801 1. Entity Name AAA SCOOTER SALES & REPAIR, INC.	
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Principal Place of Business 3503 W BAKER ST. PLANT CITY FL 33567	Mailing Address 3503 W BAKER ST PLANT CITY FL 33567
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2. Principal Place of Business 117 So. Montclair Ave	3. Mailing Address 117 So. Montclair Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRANDON, FL	City & State BRANDON FL
Zip 33511	Country USA

4. FEI Number 59-3729032	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WHEELER, NANCY J 3503 W BAKER ST PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name Nancy J. WHEELER
Street Address (P.O. Box Number is Not Acceptable) 611 ELAINE DR
City BRANDON
State FL
Zip Code 33511

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 	Nancy Wheeler	2/2/04
Signature typed or printed name of registered agent and title if applicable.		DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE WHEELER, NANCY J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHEELER, NANCY J		NAME 611 ELAINE DR	
STREET ADDRESS 611 ELAINE DR		STREET ADDRESS BRANDON FL 33511	
CITY-ST-ZIP BRANDON FL 33511		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE WHEELER, MARK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHEELER, MARK		NAME 611 ELAINE DR	
STREET ADDRESS 611 ELAINE DR		STREET ADDRESS BRANDON FL 33511	
CITY-ST-ZIP BRANDON FL 33511		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 	Nancy Wheeler	2/2/04	813-643-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #