

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000097821

1. Entity Name
A MOOSE ON THE LOOSE TRANSPORTATION, INC.



Principal Place of Business
**3937 SW 67TH TERRACE
DAVIE, FL 33314**

Mailing Address
**3937 SW 67TH TERRACE
DAVIE, FL 33314**

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**WOHLER, ANN MARIE
3937 SW 67TH TERRACE
DAVIE, FL 33314**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000151755
05/04/04-80058-014 150.00**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | D |
| NAME | WOHLER, ANN MARIE |
| STREET ADDRESS | 3937 SW 67TH TERRACE |
| CITY - ST - ZIP | DAVIE, FL 33314 |
| TITLE | D |
| NAME | WOHLER, ALAN T |
| STREET ADDRESS | 3937 SW 67TH TERRACE |
| CITY - ST - ZIP | DAVIE, FL 33314 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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IN THIS SPACE**

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:

Ann Marie Wohler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

954-683-7118

Daytime Phone #