

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90306 029 \*\*\*150.00

**DOCUMENT # P02000110307**

1. Entity Name  
**WILD WORLD WEAR, INC.**



Principal Place of Business  
**4110 ENTERPRISES AVE. #207  
NAPLES, FL 34104**

Mailing Address  
**4110 ENTERPRISES AVE. #207  
NAPLES, FL 34104**

**94055872**



2. Principal Place of Business  
**1161 SunCentury Rd**

3. Mailing Address  
**1161 SunCentury Rd**

04162004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
**Unit 1**  
City & State  
**Naples, FL**  
Zip  
**34110** Country  
**USA**

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**Unit 1**  
City & State  
**Naples, FL**  
Zip  
**34110** Country  
**USA**

4. FEI Number  
**04-3739525** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CASKEY, JOHN  
100 NORTH TAMPA STREET  
SUITE 3575  
TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name **Lucy Dredler**  
Street Address (P.O. Box Number is Not Acceptable)  
**1161 SunCentury Rd Unit 1**  
City **Naples** **FL** Zip Code **34110**

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 **Lucy Dredler** DATE **4/16/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, MAURICIO 4110 ENTERPRISES AVE. #207 NAPLES, FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASKEY, JOHN 4110 ENTERPRISES AVE. #207 NAPLES, FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1161 SunCentury Rd Unit 1 Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1161 SunCentury Rd Unit 1 Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** DATE **4/16/04** DAYTIME PHONE # **239-593-6911**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR