


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90268 047 \*\*\*158.75

<b>DOCUMENT # P03000058530</b>	
1. Entity Name <b>WORLDWIDE SCOOTERS, INC.</b>	

Principal Place of Business <b>707 W BAY DR LARGO, FL 33770</b>	Mailing Address <b>707 W BAY DR LARGO, FL 33770</b>
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2. Principal Place of Business <b>101 1ST AVE. SW.</b>	3. Mailing Address <b>101 1ST AVE. SW.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LARGO, FLORIDA</b>	City & State <b>LARGO, FLORIDA</b>
Zip <b>33770</b>	Zip <b>33770</b>
Country <b>AMERICA</b>	Country <b>AMERICA</b>



04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>HALE, FRED H 5650 PARK BLVD, STE 1 PINELLAS PARK, FL 33781-3354</b>	
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7. Name and Address of New Registered Agent Name <b>Peter M. Spoto</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 1ST AVE. SW.</b> City <b>LARGO</b> FL <b>33770</b>	
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 <b>Peter M. Spoto</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-1-04</b>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPOTO, PETER M 707 W BAY DR LARGO, FL 33770</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / TREAS / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SPOTO PETER M. 101 1ST AVE. SW. LARGO, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <b>Peter M. Spoto</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>04-01-04</b> 727-584-1579 Daytime Phone #