

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90026 001 ***150.00

DOCUMENT # P03000089186

1. Entity Name
SHOPPERS ON WHEELS, INC.



Principal Place of Business
**124 GOLF VILLAGE BLVD
JUPITER, FL 33458**

Mailing Address
**124 GOLF VILLAGE BLVD
JUPITER, FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122004

Chg-P

CR2E034 (10/03)

4. FBI Number

02 0702176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYCE, DENNIS M
675 WEST INDIANTOWN ROAD, SUITE 103
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name
DENNIS M. BOYCE

Street Address (P.O. Box Number is Not Acceptable)

480 MAPLEWOOD DR. SUITE 5

City **JUPITER**

FL

Zip Code
33458

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	VARSAMES, AGNES K	
STREET ADDRESS	124 GOLF VILLAGE BLVD	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	☐ Delete
NAME	WHEELER, JOSEE	
STREET ADDRESS	4985 S.E. LOST LAKE WAY	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	WHEELER, JOSEE	
STREET ADDRESS	13, 882 S.E. CROOKED STICK LN.	
CITY-ST-ZIP	HOBE SOUND FL. 33455	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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: **Agnes Varsames**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #