

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 91031 018 ***150.00

DOCUMENT # P03000145105

1. Entity Name
WHEEL AND TRIM INC.



Principal Place of Business
13891 JET PORT LOOP RD
FT MYERS, FL 33913

Mailing Address
13891 JET PORT LOOP RD
FT MYERS, FL 33913

66420998



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
33-1080240

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIGNANI, DEANNA M
1931 SE 37TH TERR
CAPE CORAL, FL 33904

Name

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

City

FL

Zip Code

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 reconstituting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Ben Grignani	
STREET ADDRESS	1931 SE 37th Terrace	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Chade Lite	
STREET ADDRESS	11532 Mahogany Run	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kyle Lite	
STREET ADDRESS	11532 Mahogany Run	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Deanna M. Grignani	
STREET ADDRESS	1931 SE 37th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEANNA M. GRIGNANI

April 23, 04 866-816-1861

Date

Daytime Phone #