2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000054287

1. Entity Name
VAL WARD OLDSMOBILE, INC.

Principal Place of Business	Mailing Address
12626 TAMIAMI TRAIL SOUTH FORT MYERS, FL 33907	12626 TAMIAMI TRAIL SOUTH FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0426926

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEDRA, JIM
12626 TAMIAMI TRAIL SOUTH
FORT MYERS, FL 33907

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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: _____ 1-16-04
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	P
NAME	WARD, JR, VALMORE L
STREET ADDRESS	12626 TAMIAMI TRAIL S
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	DV
NAME	WARD, VALMORE L JR.
STREET ADDRESS	13617 PINE VILLA LANE S.E.
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D
NAME	EDENFIELD, FRED H JR.
STREET ADDRESS	11640 COURT OF PALMS #103
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VT
NAME	WARD, III, VALMORE
STREET ADDRESS	15430 KILBIRNIE DR.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	S
NAME	GEDRA, JIM
STREET ADDRESS	12740 WOODTIMBER LN.
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80072-018 150.00

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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: V.L. WARD, JR. 01/16/04 (239)939-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #