- 2094 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000047288

1. Entity Name R & G WHEELS INC.

Principal Place of Business

Mailing Address

766 42ND TRAIL NORTH LOXAHATCHEE, FL 33470 766 42ND TRAIL NORTH LOXAHATCHEE, FL 33470

FILED Apr 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02 182004 140 Oilg-1	0122034 (10/03)		
4. FEI Number		Applied For	
65-0689347		Not Applicable	
5. Certificate of Status Desired		75 Additional	

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AGENBAUGH, RICHARD		5
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6. Name and Address of Current Registered Agent

WAGENBAUGH, RICHARD 766 42ND TRAIL NORTH LOXAHATCHEE, FL 33470

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	named entity submits this statement for the plicons of registered agent.	nubose or cuanding	is tedistated our	ICE OF T	egistered agent, or bo	nn, in the State of Florida. I am lamiliar with, at	no accept
SIGNATURE	Signature, typed or printed name of registered agent and title t	fapplicable (f	IOTE Registered Agent	aignature	required when reinstalling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGENBAUGH, RICHARD 766 42ND TRAIL NORTH LOXAHATCHEE, FL 33470					000000133935 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGENBAUGH, GAIL 766 42ND TRAIL NORTH LOXAHATCHEE, FL 33470			•		~~04/27 /04 ~30108-014 150	. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• .	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CRY+ST-ZIP					IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corrichanged,	partify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify nd accurate and tha to execute this repo other like empowers	for the exemption at my signature st art as required by ed.	n stated rail hav Coept	d in Section 119.07(3) re the same legal effecter 607, Florida Statute	(i), Florida Statutes, I further certify that the infect as if made under cath; that I am an officer or es; and that my name appears in Block 10 or B	rmation director llock 11 if