

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90074 033 \*\*\*150.00

**DOCUMENT # P97000051694**

1. Entity Name

BENT WHEEL INC.



Principal Place of Business

14407-B N DALE MABRY  
TAMPA FL 33618  
US

Mailing Address

14407-B N DALE MABRY  
TAMPA FL 33618  
US

24022118



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3455437

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

LUPPINO, DAVID J  
3247 GLENWOOD CIR  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name  
Luppino, David J  
Street Address (P.O. Box Number is Not Acceptable)  
1820 Tivoli Lane  
City  
Lutz FL Zip Code  
33558

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

*David J Luppino*

P

3/16/04

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME LUPPINO, DAVID J  
STREET ADDRESS 3247 GLENWOOD CIR  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE VPS  
NAME LUPPINO, JODI L  
STREET ADDRESS 3249 GLENWOOD CIR  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME Luppino, David J.  
STREET ADDRESS 1820 Tivoli Lane  
CITY-ST-ZIP Lutz, FL 33558 ☒ Change ☐ Addition

TITLE VPS  
NAME Luppino, Jodi L  
STREET ADDRESS 1820 Tivoli Lane  
CITY-ST-ZIP Lutz, FL 33558 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*David J Luppino* P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-4

Date

813 963 5765

Daytime Phone #