

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000002160

1. Entity Name
FUTURE WHEELS INC



Principal Place of Business
5160 WINCHESTER DRIVE
TITUSVILLE, FL 32780

Mailing Address
5160 WINCHESTER DRIVE
TITUSVILLE, FL 32780



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, ROBERT P
5160 WINCHESTER DRIVE
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

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

U000000100854
04/01/04-80025-005 88.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME WOOD, ROBERT P
STREET ADDRESS 5160 WINCHESTER DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE D
NAME WOOD, PAMELA S
STREET ADDRESS 5160 WINCHESTER DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/01/04-80025-006 61.25

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IN THIS SPACE**

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: *Pamela S. Wood* *Pamela S. Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-04

Date

321-268-5118

Daytime Phone #