

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM  
Secretary of State

DOCUMENT # P98000064207

1. Entity Name  
STUART VOLKSWAGEN, INC.



Principal Place of Business  
2805 SE FEDERAL HWY  
STUART, FL 34994

Mailing Address  
2805 SE FEDERAL HWY  
STUART, FL 34994



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0856899

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 S FLAGLER DR., STE 500 EAST  
WEST PALM BEACH, FL 33401

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 restate.)

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	WILLETT, THOMAS
STREET ADDRESS	PO BOX 2070
CITY-ST-ZIP	STUART, FL 34995
TITLE	VP
NAME	RICHEBOURG, MARGARET
STREET ADDRESS	PO BOX 2070
CITY-ST-ZIP	STUART, FL 34995
TITLE	S
NAME	NORRIS, JUDY
STREET ADDRESS	PO BOX 2070
CITY-ST-ZIP	STUART, FL 34995
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000141166  
04/29/04-80189-012 150.00

DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

TP-2203600