


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000089636		
1. Entity Name THE WRECK, INC.		
Principal Place of Business 58835 OVERSEAS HWY MARATHON, FL 33050	Mailing Address 58835 OVERSEAS HWY MARATHON, FL 33050	



**DO NOT WRITE IN THIS SPACE**

08302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0875639	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHEEVER, STEPHANIE  
314 STIRRUP KEY  
MARATHON, FL 33050

**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  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEVER, STEPHANIE 314 STIRRUP KEY MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHAWAY, STEVE 314 STIRRUP KEY MARATHON, FL 33050
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09/08/04-80003-001 150.00

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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)(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: Stephanie Cheever Pres Stephanie Cheever Pres 9-1-04 305-289-9548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #