

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013549

FILED
Jan 23, 2004
Secretary of State

Entity Name: WISE WAY AUTO SALES, INC.

Current Principal Place of Business:

9045 SW HWY 200
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

9045 SW HWY 200
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3557129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, TERREL
514 SW 2ND AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISE, DAVID
Address: 9045 SW HWY 200
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: WISE, JOHN H
Address: 9045 SW HWY 200
City-St-Zip: OCALA, FL 34474

Title: T () Delete
Name: WISE, MICHELE J
Address: 9045 SW HWY 200
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: RUNION, LISA
Address: 9045 SW HWY 200
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R WISE

PD

01/23/2004

Electronic Signature of Signing Officer or Director

Date