

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 21, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # S08856**

1. Entity Name  
**AMERICAN MUSEUM OF VOLKSWAGENS, INC.**



Principal Place of Business  
**4110 WESTROADS DR.  
WEST PALM BCH, FL 33407 US**

Mailing Address  
**4110 WESTROADS DR.  
WEST PALM BCH, FL 33407-1202 US**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0235212**

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**

**JEANNETTE, KEVIN  
4110 WESTROADS DRIVE  
WEST PALM BEACH, FL 33407**

**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 the fee 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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HENDRIKSON, ROBERT  
60 WESTWOOD AVE.  
WATERBURY, CT**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JEANNETTE, KEVIN  
4110 WEST ROADS DR.  
W PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000122007  
04/21/04-80011-023 150.00

**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, and all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-04**

Date

**561 844-8482**

Daytime Phone #