

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 22, 2004 08:00 AM
Secretary of State

DOCUMENT # S88017

1. Entity Name
WOOTEN'S AUTOCORP, INC.



Principal Place of Business
**2522 NORTH FLORIDA AVENUE
HERNANDO, FL 34442 US**

Mailing Address
**P O BOX 1713
HERNANDO, FL 34442**

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3090258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOTEN, JOSHUA H.
2522 NORTH FLORIDA AVENUE
HERNANDO, FL 34442**

**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

U00000172450
09/22/04-80001-014 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WOOTEN, JOSHUA H.
STREET ADDRESS 2522 NORTH FLORIDA AVENUE
CITY - ST - ZIP HERNANDO, FL

TITLE ST
NAME WOOTEN, JOSHUA H
STREET ADDRESS 2522 N FLORIDA AVE
CITY - ST - ZIP HERNANDO, FL 34442

TITLE V
NAME SOWERBY, ALLAN A
STREET ADDRESS 2522 N FLORIDA AVE
CITY - ST - ZIP HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(i), 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: Joshua H. Wooten Printed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-04 352-637-7117
Date Daytime Phone #