

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90179 023 ***158.75

DOCUMENT # P00000002938

1. Entity Name

GOLF CAR & TRAILER, TIRE AND WHEEL, INC.



Principal Place of Business

5085 ASBURY PARKE DR
APT 102
LAKELAND FL 33805

Mailing Address

P.O. BOX 92569
LAKELAND FL 33804

2. Principal Place of Business - No P.O. Box #

417 VIA BIANCA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

DAVENPORT, FL 33896

City & State

Zip

Country

Zip

Country

33896

Country

FL

4. FEI Number

65-0990892

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

WENDELL, JEFFREY L
417 VIA BIANCA DRIVE
DAVENPORT FL 33896

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
WENDELL, JEFFREY L
417 VIA BIANCA DRIVE
DAVENPORT FL 33896

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4-10-07

863-944-2792

Date

Daytime Phone #