


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90342 040 \*\*\*158.75

<b>DOCUMENT # P00000002938</b>			
1. Entity Name <b>GOLF CAR &amp; TRAILER, TIRE AND WHEEL, INC.</b>			
Principal Place of Business <b>417 VIA BIANCA DR. DAVENPORT, FL 33896</b>		Mailing Address <b>417 VIA BIANCA DR. DAVENPORT, FL 33896</b>	
2. Principal Place of Business - No P.O. Box # <b>2012 SYLVESTER CT.</b>		3. Mailing Address <b>P.O. BOX 92569</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE LAND, FL</b>		City & State <b>LAKE LAND, FL</b>	
Zip <b>33803</b>	Country <b>POLK</b>	Zip <b>33804</b>	Country <b>POLK</b>
6. Name and Address of Current Registered Agent <b>WENDELL, JEFFREY L 417 VIA BIANCA DRIVE DAVENPORT, FL 33896</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2012 SYLVESTER CT</b> City <b>LAKE LAND</b> <b>FL</b> Zip Code <b>33803</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WENDELL, JEFFREY L 417 VIA BIANCA DRIVE DAVENPORT, FL 33896</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2012 SYLVESTER CT LAKE LAND, FL 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <b>Jeffrey L Wendell</b>		Date <b>4-24-2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



04212008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0990892** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required