


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000100766		
1. Entity Name HUBCAP & WHEEL OF CHARLOTTE CO., INC.		
Principal Place of Business 12380 TAMiami TRAIL PUNTA GORDA, FL 33955	Mailing Address 12380 TAMiami TRAIL PUNTA GORDA, FL 33955	



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3872186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JOSLIN, HARRY A 12380 TAMiami TRAIL PUNTA GORDA, FL 33955	<b>DO NOT WRITE IN THIS SPACE</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 HARRY A. JOSLIN Harry A. Joslin 3-3-04  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,C JOSLIN, HARRY A 3226 HIGHLANDS HARBOR HEIGHTS, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOSLIN, MICHAEL A 2323 PINE GROVE CIR. PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOSLIN, SHANNON 2323 PINE GROVE CIR. PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOSLIN, JEAN A 3226 HIGHLANDS HARBOR HEIGHTS, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSLIN, HARRY A 3226 HIGHLANDS HARBOR HEIGHTS, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000080258  
03/06/04-80101-016 150.00

**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)(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: HARRY A. JOSLIN Harry A. Joslin 3-3-04 941-639-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #