

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90149 035 \*\*\*150.00

**20029513**



03142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000100766</b> 1. Entity Name <b>HUBCAP &amp; WHEEL OF CHARLOTTE CO., INC.</b>					
Principal Place of Business <b>12380 TAMiami TRAIL PUNTA GORDA, FL 33955</b>			Mailing Address <b>12380 TAMiami TRAIL PUNTA GORDA, FL 33955</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>22-3872186</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>JOSLIN, HARRY A 12380 TAMiami TRAIL PUNTA GORDA, FL 33955</b>			7. Name and Address of New Registered Agent Name <b>Michael Joslin</b> Street Address (P.O. Box Number is Not Acceptable) <b>12380 Tamiami Trail</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33955</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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4-7-05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	D,C JOSLIN, HARRY A 3226 HIGHLANDS HARBOR HEIGHTS, FL 33983			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOSLIN, MICHAEL A 2323 PINE GROVE CIR. PUNTA GORDA, FL 33982			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOSLIN, SHANNON 2323 PINE GROVE CIR. PUNTA GORDA, FL 33982			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOSLIN, JEAN A 3226 HIGHLANDS HARBOR HEIGHTS, FL 33983			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSLIN, HARRY A 3226 HIGHLANDS HARBOR HEIGHTS, FL 33983			<input checked="" type="checkbox"/> Delete	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joslin, Michael A. 2323 Pine Grove Circle Punta Gorda, FL 33982			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Joslin, Shannon 2323 Pine Grove Circle Punta Gorda, FL 33982			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-7-05</b> Daytime Phone # <b>941-639-1400</b>	