


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000017924		
1. Entity Name THE HUBCAP GUY INC.		
Principal Place of Business 11295 GODWIT AVE WEEKI WACHEE, FL 34613 US	Mailing Address 11295 GODWIT AVE WEEKI WACHEE, FL 34613 US	



06152006 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0640537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OAKES, JOSHUA
 11295 GODWIT AVE
 WEEKI WACHEE, FL 34613

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	OAKES, JOSHUA
STREET ADDRESS	11295 GODWIT AVE
CITY-ST-ZIP	WEEKI WACHEE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/26/06-80004-024-150.00

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:  **6-19-06**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #