

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 005 ***150.00

DOCUMENT # P05000102038 1. Entity Name TUFF WHEELS AND ACCESSORIES, INC.					
Principal Place of Business 2790 HIGHWAY 92 EAST PLANT CITY, FL 33566			Mailing Address 2790 HIGHWAY 92 EAST PLANT CITY, FL 33566		
2. Principal Place of Business - No P.O. Box # Suite Apt. #, etc.			3. Mailing Address Suite Apt. #, etc.		
City & State Zip Country			4. FEI Number 83-0434764		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent STEELE, CHRISTOPHER L 3807 C A BUGG ROAD PLANT CITY, FL 33567			7. Name and Address of New Registered Agent Name Wingate, Donald Street Address (P.O. Box Number is Not Acceptable) 5503 W. Knights Griffin Rd. City Plant City FL Zip Code 33565		
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: <i>Donald E. Wingate</i> 2/12/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME STEELE, CHRISTOPHER L STREET ADDRESS 3807 C A BUGG ROAD CITY ST ZIP PLANT CITY, FL 33567	☒ Delete		TITLE President NAME Wingate, Donald E. STREET ADDRESS 5503 W. Knights Griffin Rd. CITY ST ZIP Plant City, FL 33565	☒ Change ☐ Add	
TITLE VPST NAME STEELE, LADONNA D STREET ADDRESS 3807 C A BUGG ROAD CITY ST ZIP PLANT CITY, FL 33567	☐ Delete		TITLE VP NAME Christopher Steele Steele, Christopher STREET ADDRESS 3807 C. A. Bugg Rd. CITY ST ZIP Plant City, FL 33567	☒ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE ST NAME Steele, Ladonna STREET ADDRESS 3807 P. A. Bugg Rd. CITY ST ZIP Plant City, FL 33567	☒ 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	
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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ladonna Steele</i> Ladonna Steele			1/31/07 (813) 707-8474		