

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 012 ***150.00

DOCUMENT # P07000064830

1. Entity Name
ED ON WHEELS, INC.



40098279

Principal Place of Business
**5725 NE 15 AVE
OCALA, FL 34479**

Mailing Address
**5725 NE 15 AVE
OCALA, FL 34479**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

04022008 Chg-P CR2E034 (12/06)

4. FEI Number
30-0442109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LENTZ, EDWIN A JR
5725 NE 15 AVE
OCALA, FL 34479**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTR LENTZ, EDWIN A JR 5725 NE 15 AVE. OCALA, FL 34479 <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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT / DIRECTOR

Date **05/03/08** Usertype Phone # **352-207-3880**

ATTACHMENT

RICHARD A. SPAHN & ASSOCIATES, PA
ALL FLORIDA BOOKKEEPING SERVICES, INC
ACCOUNTING AND TAX CONSULTANTS

PINE LAKE PROFESSIONAL CENTER
10400 GRIFFEN ROAD
SUITE #304-B
COOPER CITY, FLA. 33328
TEL: (954)680-8122

PROFESSIONAL BUILDING
12700 SW 112TH ST. RD.
DUNNELON, FLA. 34432
TEL: (352)489-6553

PROFESSIONAL CENTER
11100 SW 93RD CT RD.
SUITE # 10-402
OCALA, FLA. 34481
TEL: (352)351-1216

TO REACH US BY FAX: (352)489-1572

E-MAIL: rspahn@bellsouth.net

MAY 03, 2008

FLORIDA DEPARTMENT OF STATE

DEAR MADAM/SIR:

THE TAXPAYER APPEARED IN MY OFFICE THIS MORNING, MONDAY, MAY 05, 2008, WITH THE ENCLOSED ANNUAL REPORT FOR 2008 WHICH I MAILED TO HIS RESIDENCE ON APRIL 01, 2008.

THE TAXPAYER, WHO IS A SINGLE PERSON, LIVING ALONE WAS HOSPITALIZED DUE TO AN INJURY SUSTAINED WHILE WORKING AS A SELF EMPLOYED PERSON AS A MECHANIC.

THE TAXPAYER IS NOW RECOVERED ENOUGH TO WORK AGAIN AND ASKED ME TO WRITE YOU A LETTER EXPLAINING THE SITUATION AND RESPECTFULLY REQUESTS AN ACCEPTANCE OF THIS CHECK AND FORM AS BEING FILED TIMELY.

SINCERELY,

