


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90218 026 ***150.00

DOCUMENT # P93000012915	
1. Entity Name LUBE ON WHEELS OF N. E. FLORIDA, INC.	

Principal Place of Business 605 WILDWOOD DRIVE ST. AUGUSTINE FL 32086-9807	Mailing Address 424 COVE DR SATSUMA FL 32189
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2. Principal Place of Business 424 COVE DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SATSUMA FL	City & State
Zip 32189	Country FL

4. FEI Number 59-3170678	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VETTER, PHILIP C 605 WILDWOOD DRIVE ST. AUGUSTINE FL 32086-9807	
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7. Name and Address of New Registered Agent	
Name	
Street Address	Mr. Philip Vetter 424 Cove Dr Satsuma, FL 32189
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 Philip C. Vetter	PHILIP C. VETTER OWNER 4-25-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VETTER, PHILIP C 605 WILDWOOD DRIVE ST. AUGUSTINE FL 32086-9807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Philip Vetter 424 Cove Dr Satsuma, FL 32189 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VETTER, NANCY L 605 WILDWOOD DRIVE ST. AUGUSTINE FL 32086-9807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Vetter 424 Cove Dr Satsuma, FL 32189 <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
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 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: Philip C. Vetter	PHILIP C. VETTER OWNER 4-25-05