

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90096 031 ***150.00

DOCUMENT # P94000008822

1. Entity Name

HEWETT TIRE & AUTO CENTER, INC.



Principal Place of Business

517 AIRPORT RD.
PANAMA CITY FL 32405

Mailing Address

517 AIRPORT RD.
PANAMA CITY FL 32405

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3239811

Applied For
Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

HEWETT, SANDRA
329 HILAND DR.
PANAMA CITY FL 32404

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

Sandra Hewett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-05

DATE

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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEWETT, SANDRA**
STREET ADDRESS **329 HILAND DR**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **V** ☐ Delete
NAME **HEWETT, BILLY E**
STREET ADDRESS **329 HILAND DR**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **M** ☐ Delete
NAME **HEWETT JR, BILLY E**
STREET ADDRESS **1311 CROOKED LANE**
CITY-ST-ZIP **PANAMA CITY FL 32409**

TITLE **S** ☒ Delete
NAME **HEWETT, KENDRA**
STREET ADDRESS **4502 CARLA LN #3**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **C** ☐ Delete
NAME **HEWETT, ASHLEY G**
STREET ADDRESS **329 HILAND DR.**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **C** ☐ Delete
NAME **HEWETT, ALEXANDER**
STREET ADDRESS **329 HILAND DR.**
CITY-ST-ZIP **PANAMA CITY FL 32404**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **LA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **C MATHIAS, AMANDA**
STREET ADDRESS **72 SWAAG BLVD**
CITY-ST-ZIP **LAS VEGAS, NV 89115**

TITLE ☒ Change ☐ Addition
NAME **C OWENS, KENDRA**
STREET ADDRESS **25 OWENS LANE**
CITY-ST-ZIP **EUPHAULA, AL**

TITLE ☐ Change ☒ Addition
NAME **C HEWETT, JARED**
STREET ADDRESS **16921 OAK DELL RD**
CITY-ST-ZIP **FOUNTAIN, FL 32438**

TITLE ☐ Change ☒ Addition
NAME **C HEWETT, BRUCE**
STREET ADDRESS **329 HILAND DR**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

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

Sandra Hewett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA HEWETT

Date

3-11-05

Daytime Phone #

850-769-7323