

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90066 036 ***150.00

DOCUMENT # P94000078577

1. Entity Name

HUBCAPS & WHEELS, INC.



Principal Place of Business

11810 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

Mailing Address

11810 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

40020065



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3280748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEBEDA, VIRGINIA
13754 MARSEILLES COURT
CLEARWATER FL 34622

7. Name and Address of New Registered Agent

Name

Lebeda Virginia

Street Address (P.O. Box Number is Not Acceptable)

10115 Weeks Drive

City

Brooksville

FL

Zip Code

34601

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS LEBEDA, VIRGINIA
CITY-ST-ZIP 13754 MARSEILLES CT.
CLEARWATER FL 34622

TITLE ☐ Delete
NAME S
STREET ADDRESS LEBEDA, JOSEPH
CITY-ST-ZIP 13754 MARSEILLES CT.
CLEARWATER FL 34622

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Lebeda Virginia
STREET ADDRESS 10115 Weeks Drive
CITY-ST-ZIP Brooksville FL 34601

TITLE ☒ Change ☐ Addition
NAME Lebeda Joseph
STREET ADDRESS 10115 Weeks Drive
CITY-ST-ZIP Brooksville FL 34601

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

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

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

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

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:

Virginia Lebeda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05

727-546-5686

Date

Daytime Phone #