

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000060403

1. Entity Name
STEEL WHEELS, INC.



Principal Place of Business
**2605 ORANGE AVENUE
FORT PIERCE, FL 34947**

Mailing Address
**2605 ORANGE AVENUE
FORT PIERCE, FL 34947**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0775509

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 *Frank Florio* **FRANK FLORIO PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

2/8/08
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

TITLE	PD
NAME	FLORIO, FRANK
STREET ADDRESS	2605 ORANGE AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	STD
NAME	FLORIO, KATHLEEN
STREET ADDRESS	2605 ORANGE AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	V
NAME	BUNDY, SCOTT
STREET ADDRESS	2605 ORANGE AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	V
NAME	FLORIO, COLLEEN
STREET ADDRESS	2605 ORANGE AVE
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	V
NAME	FLORIO, COLLEN
STREET ADDRESS	2605 ORANGE AVE
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80109-001 150.00

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IN THIS SPACE**

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: *Frank Florio* **FRANK FLORIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 772-460-9399
Date Daytime Phone #