

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035249

1. Entity Name  
EVERYTHING ON WHEELS, INC.



FILED

12 MAY 15 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8154 ASHLAND AVE  
PENSACOLA, FL 32534

Mailing Address  
8154 ASHLAND AVE  
PENSACOLA, FL 32534

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012012 Chg-P CR2E034 (12/11)

4. FEI Number  
59-3517974

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, WILLIAM D  
4347 BURTONWOOD COURT  
PENSACOLA, FL 32514

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, 2012 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**REMITTED BY MAY 1**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
HUGHES, WILLIAM D  
4347 BURTONWOOD COURT  
PENSACOLA, FL 32514 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
500235200965  
05/16/12--01025--006 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
HUGHES, MARIE P  
4347 BURTONWOOD COURT  
PENSACOLA, FL 32514 ☐ Delete

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

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MAY 15 2012

S. PRATHER

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 employment.

SIGNATURE:

*William D Hughes* *William D Hughes* 5-11-12 *no e-mail*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS