

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004745

Entity Name: WHEELER BROS., INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

384 DRUM AVE.
SOMERSET, PA 15501

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 737
SOMERSET, PA 15501

New Mailing Address:

FEI Number: 25-1089278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WHEELER, PAUL
Address: 384 DRUM AVE.
City-St-Zip: SOMERSET, PA 15501

Title: AST () Delete
Name: JORGENSEN, JAMES C
Address: 384 DRUM AVE.
City-St-Zip: SOMERSET, PA 15501

Title: V () Delete
Name: THOMPSON, CHARLES
Address: 384 DRUM AVE.
City-St-Zip: SOMERSET, PA 15501

Title: VD () Delete
Name: WHEELER, HW III
Address: 384 DRUM AVE.
City-St-Zip: SOMERSET, PA 15501

Title: STD () Delete
Name: DAVIES, BARBARA
Address: 384 DRUM AVE.
City-St-Zip: SOMERSET, PA 15501

Title: VD () Delete
Name: DAVIES, RANDY
Address: 384 DRUM AVE.
City-St-Zip: SOMERSET, PA 15501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C JAMES JORGENSEN

AST

01/11/2006

Electronic Signature of Signing Officer or Director

Date