FILED
May 27, 2005 8:00 am
Secretary of State

04-26-2005 90176 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

DOCUMENT # F66981

1. Entity Name

SUPER PEBBLE, INC.

66019731

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
% TERRY WHEELER 1070 BAYSHORE RD ENGLEWOOD FL 34223-0532	% TERRY WHEELER 1070 BAYSHORE RD ENGLEWOOD FL 34223-0532

2. Principal Place of Business	3. Mailing Address
1070 BayShore DR	1070 BayShore DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood, FL.	City & State: Englewood, FL.
Zip: 34223 Country: SaraSota	Zip: 34223 Country: SaraSota

4. FEI Number 59-2158842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, TERRY
1070 BAYSHORE DR
ENGLEWOOD FL 34223-0532

7. Name and Address of New Registered Agent

Name: Terry L. Wheeler

Street Address (P.O. Box Number is Not Acceptable): 1070 BayShore Dr.

City: Englewood FL Zip Code: 34223

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: Terry Wheeler 5-27-05

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHEELER, TERRY		NAME	
STREET ADDRESS	1070 BAYSHORE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ENGELWOOD, FL 00000		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHEELER, KATHLEEN M		NAME	
STREET ADDRESS	1070 BAYSHORE DR		STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Terry Wheeler TERRY WHEELER 5-23-05 941-475-8123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #