

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 033 ***150.00

DOCUMENT # 260591

1. Entity Name

WARREN WHEELER, INC.



Principal Place of Business

E. HILLSBORO & 28TH ST.
P O BOX 11336
TAMPA FL 33680-1336

Mailing Address

E. HILLSBORO & 28TH ST.
P O BOX 11336
TAMPA FL 33680-1336



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-0972157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, WARREN
3614 BARCELONA
TAMPA FL 33506

7. Name and Address of New Registered Agent

Name

Michael K. Wheeler

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

15303 Indian Head Dr

City

Tampa

FL

Zip Code

33618

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

Michael K Wheeler

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VP	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, WARREN S	
STREET ADDRESS	3614 BARCELONA	
CITY-STATE-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHEELER, JAMES M.	
STREET ADDRESS	802 W KIRBY	
CITY-STATE-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHEELER, MICHAEL K	
STREET ADDRESS	15303 INDIAN HEAD DR.	
CITY-STATE-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHEELER, WM E	
STREET ADDRESS	6710 FOUNTAIN AVE	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael K Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

813 234 4211

Date

Daytime Phone