

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 454380

1. Entity Name
WHEELER REAL ESTATE OF VENICE, INC.



Principal Place of Business

**111 SHAMROCK BLVD
VENICE, FL 34293**

Mailing Address

**111 SHAMROCK BLVD
VENICE, FL 34293**

DO NOT WRITE IN THIS SPACE



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1540766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGHAM, TERRANCE J
968 N DORAL LN
VENICE, FL 34293**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
LANGHAM, TERRANCE J
968 N DORAL LANE
VENICE, FL 34293**

TITLE
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000000564213
05/20/06-80054-003 550.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TERRANCE J. LANGHAM** 5/6/06 941-496 87

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #