

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN -8 AM 11:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 456542

1. Entity Name
WHEELER & TRAVISS, P.A.



Principal Place of Business

139 AVEC SW
P.O. BOX 1396
WINTER HAVEN, FL 33880 US

Mailing Address

PO BX 1396
WINTER HAVEN, FL 33882-1396 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1542846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

I. WESTON WHEELER, JR.
139 AVE C SW
WINTER HAVEN, FL 33880

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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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHEELER, IRVING W
STREET ADDRESS	1950 LAKE ELOISE DR S E
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	PTD
NAME	TRAVISS, JAMES J
STREET ADDRESS	139 AVENUE C SOUTHWEST
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VS
NAME	WHEELER, WESTON I JR.
STREET ADDRESS	139 AVENUE C SOUTHWEST
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300026577213
01/03/04--01008--009 **150.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04

Date

863-294-7461

Daytime Phone #