


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 456542**  
 1. Entity Name  
**WHEELER & TRAVISS, P.A.**



Principal Place of Business  
**141 EAST CENTRAL AVENUE  
 SUITE 450  
 WINTER HAVEN, FL 33880 US**

Mailing Address  
**PO BOX 1396  
 WINTER HAVEN, FL 33882-1396 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

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.  
 141 EAST CENTRAL AVENUE  
 SUITE 450  
 WINTER HAVEN, FL 33880**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	WHEELER, IRVING W 1950 LAKE ELOISE DR'S E WINTER HAVEN, FL 33884
TITLE PTD	TRAVISS, JAMES J 141 EAST CENTRAL AVENUE, SUITE 450 WINTER HAVEN, FL 33880
TITLE VS	WHEELER, WESTON I JR. 141 EAST CENTRAL AVENUE, SUITE 450 WINTER HAVEN, FL 33880
TITLE NAME	
TITLE NAME	
TITLE NAME	

**DO NOT WRITE IN THIS SPACE**

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 01/30/06-80030-018 150.00

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

SIGNATURE: *I. Wheeler, Jr.* **01/29/2006** **863-294-7461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #