

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 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**



01032007 No Chg-P CR2E034 (11/05)

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.
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 _____

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, 2007 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	141 EAST CENTRAL AVENUE, SUITE 450
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VS
NAME	WHEELER, WESTON I JR.
STREET ADDRESS	141 EAST CENTRAL AVENUE, SUITE 450
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000577048

01/05/07-80010-025 150.00

**DO NOT WRITE
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 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

1-3-07

Date

863-294-7461

Daytime Phone #