

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 696869

1. Entity Name
WHEELER CONSTRUCTION, INC.



Principal Place of Business
**3255 E GULF TO LK HWY
P O BOX 310
INVERNESS, FL 34452 US**

Mailing Address
**3255 E GULF TO LK HWY
P O BOX 310
INVERNESS, FL 34451 US**



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2106375 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHEELER, JOHN F
3255 E GULF TO LAKE HWY
INVERNESS, FL 34452**

**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 registering)

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**

UD0000070101

03/01/04-80033-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WHEELER, JOHN F.
3255 E GULF TO LK HWY
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WHEELER, PEGGY
3255 E GULF TO LAKE HWY
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WHEELER, MARK F
3255 E GULF TO LAKE HWY
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WHEELER, PAUL F
3255 E GULF TO LAKE HWY
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

John F. Wheeler 2/26/04 352-726-0973

Date

Daytime Phone #