


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 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



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2106375	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 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 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	

U00000693225
02/21/07-80053-021 150.00

**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: John F. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 (352) 726-0973
Date Daytime Phone #