

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 033 ***150.00



DOCUMENT # F02000003520

1. Entity Name
WHEELER REAL ESTATE COMPANY

Principal Place of Business
**580 EAST MAIN STREET, SUITE 300
 NORFOLK, VA 23510**

Mailing Address
**580 EAST MAIN STREET, SUITE 300
 NORFOLK, VA 23510**

2. Principal Place of Business - No P.O. Box #
2529 Virginia Beach Blvd.
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address
2529 Virginia Beach Blvd.
 Suite, Apt. #, etc.
Suite 200

City & State
Virginia Beach, VA

City & State
Virginia Beach VA

Zip
23452

Zip
23452

Country



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
54-1976885

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCKINNEY, ANN L 580 E MAIN STREET, SUITE 300 NORFOLK, VA 23510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2529 Virginia Beach Blvd, Suite 200 Virginia Beach, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, JON S 580 F. MAIN STREET, SUITE 300 NORFOLK, VA 23510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2529 Virginia Beach Blvd, Suite 200 Virginia Beach, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRINE, HARRISON J 580 E. MAIN STREET, SUITE 300 NORFOLK, VA 23510 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. S. Wheeler* **Jon S Wheeler** 1/24/08 (757)627-9088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #