


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90006 030 ***150.00

DOCUMENT # F16540		
1. Entity Name C. JAMES WHEELER, INCORPORATED		

40025653



01082007 Chg-P CR2E034 (12/06)

Principal Place of Business 4393 S RIDGEWOOD AVE STE #5 PT. ORANGE, FL 32127-4532	Mailing Address 3 OCEAN W. BLVD. 6-C-7 DAYTONA BEACH, FL 32114
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2. Principal Place of Business - No P.O. Box # 435 S. RIDGEWOOD AVE	3. Mailing Address
Suite, Apt. #, etc. Ste 201	Suite, Apt. #, etc.

City & State DAYTONA Bch, FL	City & State
Zip 32114	Country USA

- 6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHEELER, C. JAMES 3 OCEANS WEST BLVD 6 CT DAYTONA BEACH, FL 32118		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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WHEELER, C. JAMES 4393 S RIDGEWOOD AVE STE #5 PT. ORANGE, FL 32127-4532 <input 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	435 S RIDGEWOOD AVE DAYTONA BEACH, FL Ste 201 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: C. James Wheeler **C. James Wheeler, Pres** 2/2/07 386-846-4456
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #