

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003301

Entity Name: G. WHEELER, INC.

FILED  
Feb 13, 2009  
Secretary of State

**Current Principal Place of Business:**

P.O. DRAWER 888  
TROY, AL 36081

**New Principal Place of Business:**

1100 S BRUNDIDGE ST  
TROY, AL 36081

**Current Mailing Address:**

P.O. DRAWER 888  
TROY, AL 36081

**New Mailing Address:**

FEI Number: 63-0826647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, LT  
5995 SW 6TH PLACE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: WHEELER, GARY  
Address: RT 2 BOX 323  
City-St-Zip: BRUNDIDGE, AL

Title: T ( ) Delete  
Name: HAISTEN, H H  
Address: 850 ELBA HWY  
City-St-Zip: TROY, AL 36081

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H H HAISTEN

TREA

02/13/2009

Electronic Signature of Signing Officer or Director

Date