


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G27256 1. Entity Name J.M. WHEELER & ASSOCIATES, INC.	
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Principal Place of Business 10645 LAKE DR SEMINOLE, FL 33772 US	Mailing Address 10645 LAKE DR SEMINOLE, FL 33772 US
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2284362	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WHEELER, JAMES M. JR. 11767 KAY COURT SEMINOLE, FL 33778

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP WHEELER, JAMES M., JR. 11767 KAY COURT SEMINOLE, FL 33778
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02/04/05-80017-025 150.00

DO NOT WRITE
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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 an other like empowered.

SIGNATURE: James M. Wheeler, Jr. President 1/4/05 727-398-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #