

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90017 007 \*\*\*150.00

DOCUMENT # **G75226**

1. Entity Name

**FERRISWHEEL, INC.**



Principal Place of Business

**214 HIBISCUS STREET  
JUPITER FL 33458  
US**

Mailing Address

**810 SATURN STREET  
SUITE 16, PMB 154  
JUPITER FL 33477**



2. Principal Place of Business - No P.O. Box #

**214 HIBISCUS ST**

3. Mailing Address

**810 SATURN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 16 PMB 154**

1st MOORE

CR2E034 (10/06)

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

4. FEI Number

**59-2717685**

Applied For

Not Applicable

Zip

**33458**

Country

**USA**

Zip

**33477**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHILLER, JOHN  
2579 BEDFORD MEWS DRIVE  
WEST PALM BEACH FL 33414**

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

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  
Make Check Payable to Florida Department of State**

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  
**PDT  
SCHILLER, JOHN  
2579 BEDFORD MEWS  
WEST PALM BEACH FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
LAWLER, DALE S.  
2579 BEDFORD MEWS  
WEST PALM BEACH FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 C. Schiller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/07**  
Date

Daytime Phone #