**√2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## Feb-24, 2005 08:00 AM DOCUMENT # J10202 **Secretary of State** 1. Entity Name WOODROW D. WHEETLEY ENTERPRISES, INC. Principal Place of Business Mailing Address 12123 LITTLE RD HUDSON FL 34667 12123 LITTLE RD HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 59-2665007 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEETLEY, WOODROW D. Street Address (P.O. Box Number is Not Acceptable) 172 PEACHTREE DRIVE SPRING HILL FL 34608 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. 2-20-05 SIGNATURE/ led name of registered agent and title if applicable (NOTE Registered Agent signature required when teinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete HILE TITLE Спапде ☐ Addition UNO000241863 □ Change □2/24/05-80061-006 150.00 WHEETLEY, WOODROW D. NAME NAME STREET ADDRESS 172 PEACHTREE DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CLLY - ST - 7IP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY -S1-7IP CITY-SY-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-ZIP TITLE nne Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 all other like empowered. 2 -20-05 352 (P6/495)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED