## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # K65303** 1. Entity Name 4-27-2004 90056 050 \*\*\*150.00 BERG & WHEELER, P.A. Principal Place of Business Mailing Address 217 E ROBERTSON ST 217 E ROBERTSON ST BRANDON, FL 33511 BRANDON, FL 33511 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2931490 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHEELER, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 217 E ROBERTSON ST BRANDON, FL 33511 Zip Code FL 8. In above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature. yped or pristed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete DVST ☐ Addition TITLE Change TITLE WHEELER, RICHARD F. NAME NAME WHEELER, RICHARD F. 3413 BENT OAK ST STREET ADDRESS STREET ADDRESS 17609 OLD OAK WAY CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP <del>LITHIA, FL -33547</del> TITLE DΡ Delete THILE Change ☐ Addition WHEELER, ELIZABETH S. NAME NAME STREET ADDRESS 3413 BENT OAK ST. STREET ADDRESS WHEELER, ELIZABETH S. CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP 17609 OLD OAK WAY ☐ Change ☐ Addition TITLE ☐ Delete TITLE LITHIA, FL 33547 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OffY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

4/23/04

SIGNATURE: Kichard F. Wheeler)

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**