

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000075144

Entity Name: WHEELER & ANDREWS, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

197 NW BROOKSIDE CT  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

272 SW BENTLEY PLACE  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 59-3664109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHEELER, CHRISTIE  
197 NW BROOKSIDE CT  
LAKE CITY, FL 32055 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHEELER, CHRISTIE  
Address: 197 NW BROOKSIDE CT  
City-St-Zip: LAKE CITY, FL 32055

Title: STD  
Name: ANDREWS, TERRI M  
Address: 12814 S CR10-A  
City-St-Zip: WELLBORN, FL 32094

I hereby 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 all other like empowered.

SIGNATURE: CHRISTIE WHEELER, DMD

PS

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date