

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 033 ***158.75

DOCUMENT # P00000076515

1. Entity Name
GULF WHEELS INC.



Principal Place of Business
**2008 SW 1ST DR
CHIEFLAND, FL 32626**

Mailing Address
**PO BOX 68
CHIEFLAND, FL 32644**

60018944



2. Principal Place of Business

2008 SW 4th Place
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02162006

Chg-P

CR2E034 (11/05)

City & State

Chiefland, FL 32626

City & State

4. FEI Number

59-3668470

Applied For

Not Applicable

Zip

32626

Country

Levy

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPHERD, CLARA E
2008 SW 1ST DR
CHIEFLAND, FL 32626**

7. Name and Address of New Registered Agent

Name

Clara E. Shepherd

Street Address (P.O. Box Number Is Not Acceptable)

2008 SW 4th Place

City

Chiefland

FL

Zip Code

32626

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHEPHERD, CLARA E
STREET ADDRESS P.O. BOX 68
CITY-ST-ZIP CHIEFLAND, FL 32644 ☐ Delete

TITLE VD
NAME SHEPHERD, WYATT C
STREET ADDRESS P.O. BOX 68
CITY-ST-ZIP CHIEFLAND, FL 32644 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 Chapter 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: **Clara E. Shepherd** **Clara E. Shepherd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06 352/493-1818

Date

Daytime Phone #