* - 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 08:00 AM **DOCUMENT # P01000064681 Secretary of State** 1. Entity Name LAW OFFICES OF RICHARD SPICE WHEELER, P.A. Principal Place of Business Mailing Address 2265 LEE RD, STE 103 2265 LEE RD, STE 103 WINTER PARK, FL 32789 WINTER PARK, FL 32789 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. fEl Number 59-3744013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHEELER, RICHARD SPICE DO NOT WRITE 2265 LEE ROAD **SUITE 103** IN THIS SPACE WINTER PARK, FL 32789 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10 OFFICERS AND DIRECTORS TITLE NAME WHEELER, RICHARD \$ 2265 LEE ROAD SUITE 103 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 U000000008742 01/20/04-80073-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/104

407.622-0460

FILED

Daytime Phone #