


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90169 014 \*\*\*150.00

<b>DOCUMENT # P01000064681</b>	
1. Entity Name <b>LAW OFFICES OF RICHARD SPICE WHEELER, P.A.</b>	

Principal Place of Business <b>2265 LEE RD, STE 103 WINTER PARK, FL 32789</b>	Mailing Address <b>2265 LEE RD, STE 103 WINTER PARK, FL 32789</b>
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2. Principal Place of Business <b>2265 Lee Road, Ste 117 Suite, Apt. #, etc. Winter Park, FL 32789 City &amp; State</b>	3. Mailing Address <b>2265 Lee Road, Ste 117 Suite, Apt. #, etc. Winter Park, FL 32789 City &amp; State</b>
Zip <b>32789</b>	Country <b>USA</b>


	
01082006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3744013</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WHEELER, RICHARD SPICE 2265 LEE ROAD SUITE 103 WINTER PARK, FL 32789</b>	
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7. Name and Address of New Registered Agent Name <b>Wheeler, Richard Spice</b> Street Address (P.O. Box Number is Not Acceptable) <b>2265 Lee Road, Ste 117</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>	
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.	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, RICHARD S 2265 LEE ROAD SUITE 103 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wheeler, Richard S. 2265 Lee Road, Ste 117 Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	01/08/06 407-481-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #