

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068846

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** FREEWHEELER MORTGAGE CORP.

**Current Principal Place of Business:**

85992 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1634  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 71-0893703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EL-KOURY, JOHN  
228 CORAL AVE.  
TAVERNIER, FL 33070 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** EL-KOURY, JOHN  
**Address:** 228 CORAL AVENUE  
**City-St-Zip:** TAVERNIER, FL 33070

**Title:** VPD  
**Name:** WHEELER, ALEXA L  
**Address:** 117 TEQUESTA STREET  
**City-St-Zip:** TAVERNIER, FL 33070

**Title:** T  
**Name:** WHEELER, ALEXA L  
**Address:** 117 TEQUESTA STREET  
**City-St-Zip:** TAVERNIER, FL 33070

**Title:** S  
**Name:** EL-KOURY, JOHN D  
**Address:** 228 CORAL AVENUE  
**City-St-Zip:** TAVERNIER, FL 33070

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:** ALEXA L. WHEELER

VP

04/30/2010

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

\_\_\_\_\_  
Date