

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90178 048 ***150.00

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1. Entity Name

WHEAT ENTERPRISES SHALIMAR, INC.



Principal Place of Business

**1261 E. EGLIN PARKWAY
FT. WALTON BEACH, FL 32547**

Mailing Address

**6091 ST. GEORGE ST
PACE, FL 32571**

14003953



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2390623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHEAT, TIMOTHY D
6091 ST. GEORGE ST.
PACE, FL 32571**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE P,T
NAME WHEAT, TIMOTHY D
STREET ADDRESS 6091 ST. GEORGES STREET
CITY-ST-ZIP PACE, FL 32571

TITLE VP,S
NAME WHEAT, TONNA D
STREET ADDRESS 6091 ST. GEORGES STREET
CITY-ST-ZIP PACE, FL 32571

TITLE D
NAME HUNTER, DOYLE M
STREET ADDRESS 4358 MARVIN REAVES ROAD
CITY-ST-ZIP JAY, FL 32565

TITLE D
NAME HUNTER, JEANETTE D
STREET ADDRESS 4358 MARVIN REAVES RD.
CITY-ST-ZIP JAY, FL 32565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2005
Date

(850) 450-9050
Daytime Phone #