


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000070240	
1. Entity Name WHEEL-A-WAY SALES, INC.	

Principal Place of Business 1309 S. RIDGEWOOD AVENUE EDGEWATER, FL 32132	Mailing Address P.O. BOX 479 EDGEWATER, FL 32132
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0471417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHEELER, MATTHEW A 1309 S. RIDGEWOOD AVENUE EDGEWATER, FL 32132	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEELER, MATTHEW A P.O. BOX 479 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, DENNIS A P.O. BOX 479 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHEELER, JUDITH A P.O. BOX 479 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  J.A. Wheeler ST 4/8/05 386-423-5553	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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