

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90026 034 ***150.00

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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**

50000791



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0471417	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHEELER, MATTHEW A
1309 S. RIDGEWOOD AVENUE
EDGEWATER, FL 32132**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T 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 <i>retired</i>
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew A. Wheeler
President/Treasurer

Date

1/14/07 386-423-6553
Daytime Phone #