

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-19-2007 90037 020 ***150.00

DOCUMENT # P03000072171	
1. Entity Name WHEATLAND PROPERTY, INC.	

Principal Place of Business 1990 MAIN ST SUITE 801 SARASOTA, FL 34236	Mailing Address 1990 MAIN ST SUITE 801 SARASOTA, FL 34236
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60003807

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0074195	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 LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD #1 SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Renea M. Glendinning, CPA Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 801 City Sarasota FL Zip Code 34236	
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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 Renea M. Glendinning <small>Signature, typed or printed name of registered agent and title is acceptable.</small>	DATE 1/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP WHEATLAND, DENNIS <input type="checkbox"/> Delete 1990 MAIN ST SUITE 801 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHEATLAND, JOYCE M <input type="checkbox"/> Delete 1990 MAIN ST SUITE 801 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENDINNING, RENE M <input type="checkbox"/> Delete 1990 MAIN ST SUITE 801 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Renea M. Glendinning <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1/17/07 (941) 365-4617 <small>Date Daytime Phone #</small>