

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90023 036 ***150.00

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01062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0372782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, RICHARD L
8640 N.W. 44TH COURT
LAUDERHILL, FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	WHEELER, RICHARD L	
STREET ADDRESS	8640 N.W. 44TH COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	D	☐ Delete
NAME	WHEELER, VIKI A	
STREET ADDRESS	8640 N.W. 44TH COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	V	☐ Delete
NAME	WHEELER, JUSTINE E	
STREET ADDRESS	8640 NW 44 CT	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	V	☒ Delete
NAME	WOOLAND, ALBERT W	
STREET ADDRESS	3741 NW 119 AVE	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	V	☒ Delete
NAME	FUNK, DONALD R	
STREET ADDRESS	10125 WINDTREE LANE SOUTH	
CITY-ST-ZIP	BOCA RATON, FL 33429	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

954) 748-0182