


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000134604 1. Entity Name DAVID WHEELER, INC.	
--	---

Principal Place of Business 24 HIBISCUS DRIVE DEBARY, FL 32713	Mailing Address 24 HIBISCUS DRIVE DEBARY, FL 32713
--	--

DO NOT WRITE IN THIS SPACE



08162005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0419068	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WHEELER, DAVID 24 HIBISCUS DRIVE DEBARY, FL 32713	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		<p>1000000377004 08/25/05-90001-008 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WHEELER, DAVID 24 HIBISCUS DRIVE DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, DAVID 24 HIBISCUS DRIVE DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: <u>David Wheeler</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>8-22-05</u>	Daytime Phone # <u>386 261-5086</u>
---	---------------------	-------------------------------------