


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000148998 1. Entity Name WALLACE WHEELER VINYL CORPORATION	
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Principal Place of Business 3130 SOUTH PENINSULA DR DAYTONA BEACH SHORES, FL 32118 US	Mailing Address 3130 SOUTH PENINSULA DR DAYTONA BEACH SHORES, FL 32118 US
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03042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1690659	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, WALLACE G SR
3130 SOUTH PENINSULA DR
DAYTONA BEACH SHORES, FL 32118

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WHEELER, WALLACE G SR 3130 SOUTH PENINSULA DR DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPTS WHEELER, LINDA 3130 SO PENINSULA DR DAYTONA BEACH SHORES, FL 32118
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03/18/06-80053-001 150.00

**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: Wallace G Wheeler SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06
Date

3867564915
Daytime Phone #