


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000150822


1. Entity Name
WHEELS RECONDRE, INC.



Principal Place of Business
**8104 SEVEN MILE DR.
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**8104 SEVEN MILE DR.
 PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FCI Number
20-0478085

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

6. Name and Address of Current Registered Agent

**DES MARAIS, ROBERT J
 8104 SEVEN MILE DR.
 PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE

7. 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 reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

DATE: 05/15/06-80053-024 158. '5

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DES MARAIS, ROBERT J
STREET ADDRESS	8104 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VP
NAME	DES MARAIS, ANDRE J
STREET ADDRESS	8104 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	SEC
NAME	DES MARAIS, JO ANN F
STREET ADDRESS	8104 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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: *Robert J. Desmarais*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/06 Daytime Phone #: 904 285-1933