

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000013823

1. Entity Name
WHEELRESOURCE - TAMPA, INC.



Principal Place of Business
8424 SUNSTATE ST
TAMPA, FL 33634

Mailing Address
8424 SUNSTATE ST
TAMPA, FL 33634

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

WILL, ROD
1410 EDMISTON CT
AUBURNDALE, FL 33823

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, 2007 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 *JAY*
NAME STONE, *JAYD*
STREET ADDRESS 7 RIVER CIR
CITY-ST-ZIP MAYFLOWER, AR 72106

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME STONE, JOEL B
STREET ADDRESS 28103 HICKORY CT
CITY-ST-ZIP MAGNOLIA, TX 77355

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *JAYD STONE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90088 012 ***150.00



03012007 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-4216701</i>	Applied For <input type="checkbox"/>
	Not Applicable

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

3-15-07 501-758-3836

Date

Daytime Phone #

ATTACHMENT

Bill Payment Stub

60024865
#P66000013823

Check Date:	3/15/2007
Check No.:	6083
Check Amount:	150.00

Wheel Resource-Little Rock, Inc.
1305 N. Hills Blvd #126
North Little Rock, Ar. 72114

Paid To: DEVISIONS OF CORORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
3/15/2007	Bill	FL. 07 PRFIT CORP.	150.00	150.00		150.00

Check Amount 150.00