


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000057967 1. Entity Name WHEELED COACH ENTERPRISES, INC.	
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Principal Place of Business 2737 N FORSYTH RD WINTER PARK, FL 32792	Mailing Address 2737 N FORSYTH RD WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



05132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3205527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLLINS, DON L 157 E NEW ENGLAND AVE STE 364 WINTER PARK, FL 32789-7007

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLLINS, DON L. 157 E NEW ENGLAND AVE, STE 364 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COLLINS, DONALD L. 15 COMPOUND DRIVE HUTCHINSON, KS 67502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVFD SAYRE, LARRY W 15 COMPOUND DRIVE HUTCHINSON, KS 67502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, TERRY L 15 COMPOUND DRIVE HUTCHINSON, KS 67502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, ROBERT J 2737 N FORSYTH RD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/04-80003-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	Larry W. Sayre	5-14-2004	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			