


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P95000092189		
1. Entity Name WHEELER DEALER PAWN, INC.		
Principal Place of Business 1501 S BABCOCK STREET MELBOURNE, FL 32901	Mailing Address 1501 S BABCOCK STREET MELBOURNE, FL 32901	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PANOUSES, KURT D 232 FIFTH AVENUE INDIALANTIC, FL 32903		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>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAVRELIS, SARANTOS 554 VERACRUZ BLVD INDIALANTIC, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Sarantos Mavrelis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>2-9-07</i> <i>(321) 725-4422</i> <small>Date Daytime Phone #</small>



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3346012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/21/07-80081-007 300.00

**DO NOT WRITE
IN THIS SPACE**