

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-09-2005 90035 040 ***150.00

DOCUMENT # P96000066478 1. Entity Name CHARLIE WHEELER TRUCKING CO.																																																																																																																	
Principal Place of Business 3130 NW 62 ST MIAMI FL 33147			Mailing Address 3130 NW 62 ST MIAMI FL 33147																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country	4. FEI Number 65-0689623 ☐ Applied For ☐ Not Applicable																																																																																																													
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent WHEELER, CHARLIE 16240 NW 39 CT MIAMI FL 33054			7. Name and Address of New Registered Agent 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTDS</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WHEELER, CHARLIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13140 N.W. 21ST AVENUE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33167</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PTPS</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WHEELER, CHARLIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16240 NW 39 CT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33054</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PTDS	☐ Delete	NAME	WHEELER, CHARLIE		STREET ADDRESS	13140 N.W. 21ST AVENUE		CITY- ST- ZIP	MIAMI FL 33167		TITLE	PTPS	☐ Delete	NAME	WHEELER, CHARLIE		STREET ADDRESS	16240 NW 39 CT		CITY- ST- ZIP	MIAMI FL 33054		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Charlie Wheeler</i> 3-30-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																	

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