


2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
09 APR 20 PM 3: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031388

1. Entity Name:
K.C. WHEELER ENTERPRISES, INC.



Principal Place of Business PO BOX 31447 WEST PALM BEACH FL 33420	Mailing Address PO BOX 31447 WEST PALM BEACH FL 33420
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
650744342 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKLIN, ELLIOTT
2777 S. CONGRESS AVE
WEST PALM BEACH FL 33461 US**

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: WHEELER, KANE C STREET ADDRESS: 1315 13TH TERRACE CITY-ST-ZIP: PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	<div style="font-size: 2em; font-family: cursive;">\$74/22</div>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="font-size: 1.5em; font-family: cursive;">100151483061</div> <div style="font-size: 1.2em;">04/21/09--01024--028 **150.00</div>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: Kane C. Wheeler **KANE C. WHEELER** 4/8/09 561-627-5918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ (Typed Name)