

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 037 ***150.00

DOCUMENT # P97000097816

1. Entity Name
ELIZABETH C. WHEELER, P.A.



Principal Place of Business
220 N. PALMETTO AVE.
ORLANDO, FL 32801

Mailing Address
P. O. BOX 2266
ORLANDO, FL 32802-2266

40096044



2. Principal Place of Business - No P.O. Box #
1218 Mount Vernon St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02012007 Chg-P CR2E034 (12/06)

City & State
Orlando, FL
Zip
32803
Country
Orange

City & State

4. FEI Number
59-3477757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, ELIZABETH C
220 N. PALMETTO AVE.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Wheeler, Elizabeth C
Street Address (P.O. Box Number is Not Acceptable)
1218 Mount Vernon St.
City Orlando FL 32803

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

TITLE PD
NAME WHEELER, ELIZABETH C
STREET ADDRESS 220 N. PALMETTO AVE.
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Wheeler, Elizabeth C
STREET ADDRESS 1218 Mount Vernon St.
CITY-ST-ZIP Orlando, FL 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Elizabeth C. Wheeler
ELIZABETH C. WHEELER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 407-650-9008

Date

Daytime Phone #