

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT # V39767

1. Entity Name
WHERRY TRUCK LINES, INC.



Principal Place of Business
**5790 COUNTRY LAKES DRIVE
FT MYERS, FL 33905 US**

Mailing Address
**P O BOX 61008
FORT MYERS, FL 33906 US**



02202006 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0339512** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD.
SUITE 103
BONITA SPRINGS, FL 34134**

**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

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, 2006 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 WHERRY, KENDELL
STREET ADDRESS 12834 TIMBER RIDGE DR
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE S
NAME WHERRY, MICHELLE
STREET ADDRESS 12834 TIMBER RIDGE DR
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000453519
03/14/06 80024-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

Date

239-768-1893

Daytime Phone #