2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # V41933** Apr 17, 2006 08:00 AN 1. Entity Name Secretary of State JERRY T. WHEELER PLS, INC. Principal Place of Business Mailing Address 1080 SPEASMAKER LANE 1080 SPEASMAKER LANE SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0334814 Not Applicat 200 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHEELER, JERRY T. 1080 SPEASEMAKER LANE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 ☐ Delete TITLE Change Adding TITLE U00<u>00</u>0512353 NAME WHEELER, JERRY T. NAME 04/29/06-80085-023 150.00 STREET ADDRESS STREET ADDRESS 1080 SPEASEMAKER LANE CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34232 Change Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Aria" TILLE ☐ Delete RITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Adding TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$1 - ZIP TITLE ☐ Change Ariellia TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Delete DILE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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:

ON PAINTED NAME OF SIGNING OFFICER OR DIR