

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 040 ***150.00

DOCUMENT # V41933

1. Entity Name

JERRY T. WHEELER PLS, INC.



Principal Place of Business

1080 SPEASMAKER LANE
SARASOTA FL 34232
US

Mailing Address

1080 SPEASMAKER LANE
SARASOTA FL 34232
US



2. Principal Place of Business - No P.O. Box #

1070 SPEASMAKER LANE

Suite, Apt. #, etc.

3. Mailing Address

1070 SPEASMAKER LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SARASOTA, FL

Zip

34232

Country

US

City & State

SARASOTA, FL

Zip

34232

Country

US

4. FEI Number 65-0334814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, JERRY T.
1080 SPEASMAKER LANE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1070 SPEASMAKER LANE

City

SARASOTA

FL

Zip Code

34232

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]

N/A

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when re-registering.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY- ST- ZIP
PST WHEELER, JERRY T. 1080 SPEASMAKER LANE SARASOTA FL 34232 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE NAME 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

Date

Daytime Phone #