

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151200

FILED
Mar 03, 2008
Secretary of State

Entity Name: WILKINS INVESTIGATIVE SERVICES, INC

Current Principal Place of Business:

10337 RIVER BREAM DR
RIVERVIEW, FL 33569

New Principal Place of Business:

4506 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565

Current Mailing Address:

10337 RIVER BREAM DR
RIVERVIEW, FL 33569

New Mailing Address:

4506 SLEEPY HOLLOW LANE
PLANT CITY, FL 335695

FEI Number: 20-8004195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZURFLIEH, ROBERT L
10337 RIVER BREAM DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

ZURFLIEH, ROBERT L
4506 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565 US

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.

SIGNATURE:

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZURFLIEH, ROBERT L
Address: 10337 RIVER BREAM DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZURFLIEH, ROBERT L
Address: 4506 SLEEPY HOLLOW LANE
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. ZURFLIEH

PRES

03/03/2008

Electronic Signature of Signing Officer or Director

Date