2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 551639

1. Entity Name
WILK, INC.

Principal Place of Business	Mailing Address
W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY, FL 33844	W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1779970
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F. DELANE WILKINSON
W. U.S. HIGHWAY 17-92
HAINES CITY, FL 33844

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	WILKINSON, F DELANE
STREET ADDRESS	1909 PENINSULAR DR
CITY-ST-ZIP	HAINES CITY, FL
TITLE	ST
NAME	WILKINSON, JOANNA
STREET ADDRESS	1909 PENINSULAR DR.
CITY-ST-ZIP	HAINES CITY, FL
TITLE	VP
NAME	WILKINSON, STEVEN D.
STREET ADDRESS	2104 PENINSULAR DR.
CITY-ST-ZIP	HAINES CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80060-025 150.00

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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: Steven D. Wilkinson 3-7-07 863-421-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #