

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551639

Entity Name: WILK, INC.

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

W. U.S. HIGHWAY 17-92  
P.O. BOX 2037  
HAINES CITY, FL 33844

## New Principal Place of Business:

1315 HWY 17-92 WEST  
HAINES CITY, FL 33844 US

## Current Mailing Address:

W. U.S. HIGHWAY 17-92  
P.O. BOX 2037  
HAINES CITY, FL 33844

## New Mailing Address:

P O BOX 2037  
HAINES CITY, FL 33845 US

FEI Number: 59-1779970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

F. DELANE WILKINSON  
1315 HWY 17-92 WEST  
HAINES CITY, FL 33844 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:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILKINSON, F DELANE,  
Address: 1909 PENINSULAR DR  
City-St-Zip: HAINES CITY, FL

Title: ST ( ) Delete  
Name: WILKINSON, JOANNA,  
Address: 1909 PENINSULAR DR.  
City-St-Zip: HAINES CITY, FL

Title: VP ( ) Delete  
Name: WILKINSON, STEVEN D.,  
Address: 2104 PENINSULAR DR.  
City-St-Zip: HAINES CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILKINSON, F DELANE,  
Address: 1909 PENINSULAR DR  
City-St-Zip: HAINES CITY, FL 33844 US

Title: ST (X) Change ( ) Addition  
Name: WILKINSON, JOANNA,  
Address: 1909 PENINSULAR DR.  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP (X) Change ( ) Addition  
Name: WILKINSON, STEVEN D.,  
Address: 2104 PENINSULAR DR.  
City-St-Zip: HAINES CITY, FL 33844 US

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: STEVE WILKINSON

V

02/04/2009

Electronic Signature of Signing Officer or Director

Date