


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90006 027 \*\*\*150.00

<b>DOCUMENT # 135386</b>					
1. Entity Name <b>C.R. WILKS INC.</b>					
Principal Place of Business <b>53 SHORELAND DR KEY LARGO, FL 33037</b>			Mailing Address <b>53 SHORELAND DR KEY LARGO, FL 33037</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>183 Old Hillside Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Flat Rock, NC</b>		4. FEI Number <b>65-0847200</b>	
Zip	Country	Zip <b>28731</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAYLOR, MARLENE T. 53 SHORELAND DR KEY LARGO, FL 33037</b>			7. Name and Address of New Registered Agent Name <b>DOUGLAS J. SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5602 PGA Blvd.</b> <b>Suite 205</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33418</b>		
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 <u><i>Douglas J. Sanders</i></u> <b>DOUGLAS J. SANDERS, Esq.</b> <b>1/25/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TAYLOR, MARLENE T 53 SHORELAND DR KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Marlene T Taylor</i></u> <b>MARLENE T TAYLOR</b> <b>1-2-07</b> <b>305 619-0174</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					