


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90020 043 ***150.00

DOCUMENT # 218556 1. Entity Name FLORIDA WILBERT, INC.	
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Principal Place of Business 5050 NEW KINGS ROAD JACKSONVILLE, FL 32209	Mailing Address 5050 NEW KINGS ROAD JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE

03162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0857658

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

MADDOX, WILLIAM H
5050 NEW KINGS ROAD
JACKSONVILLE, FL 32209

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY - ST - ZIP	PDT MADDOX, WILLIAM H, JR 5050 NEW KINGS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LODGE, R K 5050 NEW KINGS RD JACKSONVILLE, FL 32209
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**DO NOT WRITE
IN THIS SPACE**

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: *William H. Maddox, Jr.* **Pres.** **3-19-2007** **(904) 765-2641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #