

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 218556

Entity Name: FLORIDA WILBERT, INC.

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5050 NEW KINGS ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

2917 BORDEN STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

P O BOX 40485  
JACKSONVILLE, FL 32203

**New Mailing Address:**

2917 BORDEN STREET  
JACKSONVILLE, FL 32209

FEI Number: 59-0857658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MADDOX, WILLIAM H, JR  
Address: 2917 BORDEN STREET  
City-St-Zip: JACKSONVILLE, FL

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H. MADDOX, JR.

CEO

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date