2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 450355

Name: WILCO ENTERPRISES INC

FILED Apr 26, 2007 Secretary of State

Entity Nan	ne: WILCO E	:NTERPRISES, INC.					
Current Pi	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
3790 N. HV P.O. BOX 1 OCALA, FL	1150			3790 N. HWY 441 OCALA, FL 34475			
Current M	ailing Addres	ss:	New Mail	New Mailing Address:			
P.O. BOX ² 3790 N. HV OCALA, FL	VY 441		P.O. BOX OCALA, F				
FEI Number:	59-1530878	FEI Number Applied For ()	FEI Number Not App	plicable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
P.O. BOX 1 OCALA, FL	TH HIGHWAY 1150 ₋ 34475 US		3790 NOF OCALA, F	BOWEN, PATSY J MS. 3790 NORTH HIGHWAY 441 OCALA, FL 34475 US			
	named entity of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or both,		
SIGNATURE: PATSY J. BOWEN				04/26/2007			
	Electror	nic Signature of Registered Age	ent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSD (BOWEN, PATS 3790 N. WHY., OCALA, FL 34	441	Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (GOOCH, DAVII 3790 N. HWY, OCALA, FL 34	441	Title: Name: Address: City-St-Zip:	VP GOOCH, DAV 3790 N. HWY OCALA, FL	′, 441		
Title: Name: Address: City-St-Zip:	VP (GOOCH, JENIF 3790 N. HWY 4 OCALA, FL 34	141	Title: Name: Address: City-St-Zip:	1	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (DARNELL, MAI 3790 N. HWY 4 OCALA, FL 34	141	Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	OPR. MANSITO, NI 3790 N. HWY OCALA,, FL	′ 441		

I hereby certify that the information supplied with this filing does not qualify for the 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: PATSY BOWEN P/D 04/26/2007