

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 013 ***158.75

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1. Entity Name
RON WILKERSON PLUMBING, INC.



Principal Place of Business
**4816 ACORN DRIVE N
LAKELAND, FL 33810 US**

Mailing Address
**4816 ACORN DRIVE N
LAKELAND, FL 33810**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2186300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKERSON, RONALD
4816 ACORN DRIVE NORTH
LAKELAND, FL 33810**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	ST
NAME	WILKERSON, BEATRICE
STREET ADDRESS	4816 ACORN DRIVE N
CITY-ST-ZIP	LAKELAND, FLORIDA 00000,
TITLE	P
NAME	WILKERSON, RONALD
STREET ADDRESS	4816 ACORN DRIVE N
CITY-ST-ZIP	LAKELAND, FLORIDA 00000,
TITLE	VP Rodney E. Wilkerson
NAME	4816 Acorn Dr N.
STREET ADDRESS	Lakeland, FL 33810
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Beatrice M. Wilkerson
Beatrice M. Wilkerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07
3/12/07

Date

863-858-5502
863-858-5502

Daytime Phone #