



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000006119 1. Entity Name WILBERT, INC.	
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Principal Place of Business 2913 GARDNER ROAD BROADVIEW, IL 60155	Mailing Address 2913 GARDNER ROAD BROADVIEW, IL 60155
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DO NOT WRITE IN THIS SPACE

	
04012005	No Chg-P CR2E034 (10/03)
4. FEI Number 36-1178800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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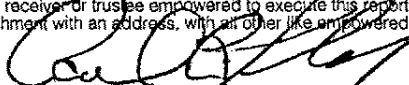
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000302958 04/13/05-80092-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVCD ZAMEC, CURTIS J 2913 GARDNER ROAD BROADVIEW, IL 60155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST KOLODZIEJ, RAYMOND P 2913 GARDNER RD. BROADVIEW, IL 60155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DILLS, J. DEWAYNE 2913 GARDNER ROAD BROADVIEW, IL 60155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BICKES, JERRY H 2913 GARDNER ROAD BROADVIEW, IL 60155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORLEY, CHARLES P 2913 GARDNER ROAD BROADVIEW, IL 60155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS STEWART, BARBARA L 2913 GARDNER ROAD BROADVIEW, IL 60155

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/5/05</u> 708-865-1600 <small>Daytime Phone #</small>