

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90019 041 \*\*\*150.00

**DOCUMENT # F03000004204**

1. Entity Name

WILKERSON CONSTRUCTION BUILDING CO. INC.



Principal Place of Business

3030 MOUNTAINVIEW WAY  
BESSEMER AL 35020

Mailing Address

3030 MOUNTAINVIEW WAY  
BESSEMER AL 35020

2. Principal Place of Business

1128 CAMELLIA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1128 CAMELLIA CIRCLE

Suite, Apt. #, etc.

City & State

HOOPER, AL.

Zip

35226

Country

USA

City & State

HOOPER, AL.

Zip

35226

Country

U.S.A.

4. FEI Number

63-0592603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, DAVID R  
111 AZALEA DRIVE  
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	HUDSON, MICHAEL K	
STREET ADDRESS	3030 MOUNTAINVIEW WAY	
CITY-ST-ZIP	BESSEMER AL 35020	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CARMICHAEL, DAVID R	
STREET ADDRESS	3030 MOUNTAINVIEW WAY	
CITY-ST-ZIP	BESSEMER AL 35020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, MICHAEL K	
STREET ADDRESS	1128 CAMELLIA CIRCLE	
CITY-ST-ZIP	HOOPER, AL. 35226	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, DAVID R	
STREET ADDRESS	1128 CAMELLIA CIRCLE	
CITY-ST-ZIP	HOOPER, AL. 35226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 2053657551

Date

Daytime Phone #