


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90036 037 \*\*\*150.00

<b>DOCUMENT # F04000004046</b>	
1. Entity Name <b>DOUG WILKERSON &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>5708 WARDEN ROAD SHERWOOD, AR 72102</b>	Mailing Address <b>5708 WARDEN ROAD SHERWOOD, AR 72102</b>
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**50066264**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08092005 Chg-P CR2E034 (10/03)

4. FEI Number <b>72-1525799</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILKERSON, DOUG 234 WHITE STREET NICEVILLE, FL 32578</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDPS WILKERSON, DOUG 234 WHITE STREET NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DOUG WILKERSON** 9/7/05 850-687-0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
**AHC**  
Arthur Hart & Company, P.A.

50066264

September 7, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Doug Wilkerson & Associates, Inc.  
Ref # F04000004046

Dear Sir or Madam:

Mr. Doug Wilkerson recently faxed me the 2005 for Profit Corporation Annual Report that was forwarded to his office in FL. This form was apparently mailed to an address in AR and was not received by Mr. Wilkerson in order for him to file a timely return. Enclosed is a check in the amount of \$ 150.00 for payment of the fee for the calendar year 2005. We would appreciate abatement of the proposed penalty because the return would have been timely filed if Mr. Wilkerson had received the report.

Please change the mailing address to: Doug Wilkerson & Associates, Inc. 234 White Street, No. 8, Niceville, FL 32578.

Your favorable consideration of our request would be appreciated.

Sincerely,



Arthur P. Hart

ATTACHMENT

SV 066264  
F640000 F086

**DOUG WILKERSON & ASSOCIATES, INC.**  
**234 WHITE STREET, SUITE 8**  
**NICEVILLE, FL. 32578**

**PLEASE CHANGE MY PRINCIPAL PLACE OF BUSINESS AND  
MAILING ADDRESS TO:**

**234 WHITE STREET, SUITE 8**  
**NICEVILLE, FL. 32578**

**THANKS FOR YOUR HELP.**

**DOUG WILKERSON**