


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90002 006 \*\*\*150.00

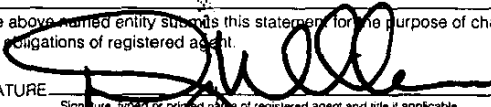
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|---|---|
| <b>DOCUMENT # F04000004046</b>                      |  |
| 1. Entity Name<br>DOUG WILKERSON & ASSOCIATES, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>210 WEKIVA COVE<br>DESTIN, FL 32541 | Mailing Address<br>210 WEKIVA COVE<br>DESTIN, FL 32541 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>WILKERSON, DOUG<br>234 WHITE STREET<br>NICEVILLE, FL 32578<br>210 WEKIVA<br>DESTIN, FL 32541 |  |
|---|--|

|   |                 |
|---|-----------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>   | DATE<br>8/12/08 |

|  |  |   |
|--|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|--|--|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CDPS<br>WILKERSON, DOUG<br>210 WEKIVA COVE<br>DESTIN, FL 32541 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

|                   |  |      |                 |
|-------------------|--|------|-----------------|
| <b>SIGNATURE:</b> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|-------------------|--|------|-----------------|

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08082008 Chg-P CR2E034 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>72-1525799 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

ATTACHMENT

40113627

TO WHOM IT MAY CONCERN:

# F04000004046

I HAVE BEEN IN EXTENSIVE MEDICAL TREATMENT FOR CANCER IN ATLANTA GA., WITH DR. MERLIN AT THE RADIOTHERAPY CLINIC OF GEORGIA, (800-262-7591) AND I WAS NOT ABLE TO GET TO MY PAPER WORK DURING THIS PERIOD. IF YOU WOULD, PLEASE ALLOW ME THIS EXTRA TIME FOR AN EXTENSION WITHOUT PENALTY.

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

THANKS,  
DOUG WILKERSON  
850-687-0006