


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # F04000004046**

1. Entity Name  
 DOG WILKERSON & ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
 210 WEKIVA COVE      210 WEKIVA COVE  
 DESTIN, FL 32541      DESTIN, FL 32541

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

City & State      City & State

Zip      Country      Zip      Country

40113627



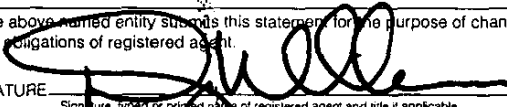
08082008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 72-1525799      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILKERSON, DOUG 234 WHITE STREET NICEVILLE, FL 32578		210 WEKIVA DESTIN, FL 32541	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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:  DATE: 8/12/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES \$150.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT

40113627

TO WHOM IT MAY CONCERN:

# 704 00000 4046

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