2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000001693

1. Entity Name
WIEKER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1250 SEMINOLE BLVD SUITE #1 LARGO, FL 33770 US	PO BOX 958 LARGO, FL 33770 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-0505776
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, ROBERT M
1250 SEMINOLE BLD STE 1
LARGO, FL 33770

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAILEY, PENNY JEAN
STREET ADDRESS	335 LA HACRIENA DRIVE
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	ST
NAME	JAMES, ROBERT M
STREET ADDRESS	1250 SEMINOLE BLVD SUITE 1
CITY-ST-ZIP	LARGO, FL 33770
TITLE	VP
NAME	BAILEY, JAMES L
STREET ADDRESS	335 LA HACIENA DRIVE
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D
NAME	GERSON, MELISSA A
STREET ADDRESS	2665 S LARGO CT
CITY-ST-ZIP	AURORA, CO 80013
TITLE	VP
NAME	JAMES, AMANDA J
STREET ADDRESS	1250 SEMINOLE BLVD SUITE 1
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80023-004 150.00

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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: _____ 1/20/06 727 585 8623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #