2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# G01030

Entity Name: WILCOX INVESTMENTS, INC.

Current Principal Place of Business:

136 WILLIAM BARTRAM DRIVE
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

P O BOX 297
136 WILLIAM BARTRAM DR
WELAKA, FL 32193

New Mailing Address:

FEI Number: 59-2228852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILCOX, C. PAUL
136 WILLIAM BARTRAM DRIVE
WELAKA, FL 32193 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILCOX, C PAUL,
Address: 136 WILLIAM BARTRAM DRIVE
City-St-Zip: WELAKA, FL 32193

Title: S ( ) Delete
Name: WILCOX, WILLANELLE
Address: 136 WILLIAM BARTRAM DRIVE
City-St-Zip: WELAKA, FL 32193

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WILCOX, C, PAUL
Address: 136 WILLIAM BARTRAM DRIVE
City-St-Zip: WELAKA, FL 32193

Title: VP (X) Change ( ) Addition
Name: SHEFFIELD, JASON I
Address: 114 CONFEDERATE POINT ROAD
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Change (X) Addition
Name: WILCOX, WILLANELLE S
Address: 136 WILLIAM BARTRAM DRIVE
City-St-Zip: WELAKA, FL 32193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. PAUL WILCOX DP 02/13/2006

Electronic Signature of Signing Officer or Director — Date