2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01030

Entity Name: WILCOX INVESTMENTS, INC.

FILED May 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

136 WILLIAM BARTRAM DRIVE WELAKA, FL 32193

Current Mailing Address: New Mailing Address:

P O BOX 297 P O BOX 1100

136 WILLIAM BARTRAM DR 136 WILLIAM BARTRAM DR

WELAKA, FL 32193 WELAKA, FL 32193

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILCOX, C. PAUL SHEFFIELD, JASON I

136 WILLIAM BARTRAM DRIVE 126 RAINTREE WOODS TRAIL WELAKA, FL 32193 US PALATKA, FL 32177 US

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: JASON I SHEFFIELD 05/25/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: WILCOX, C, PAUL Name: WILCOX, WILLANELLE
Address: 136 WILLIAM BARTRAM DRIVE Address: 136 WILLIAM BARTRAM DRIVE

City-St-Zip: WELAKA, FL 32193 City-St-Zip: WELAKA, FL 32193

Title: VP () Delete Title: () Change () Addition

 Name:
 SHEFFIELD, JASON I
 Name:

 Address:
 114 CONFEDERATE POINT ROAD
 Address:

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 WILCOX, WILLANELLE S
 Name:

 Address:
 136 WILLIAM BARTRAM DRIVE
 Address:

 City-St-Zip:
 WELAKA, FL 32193
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JASON I. SHEFFIELD VP 05/25/2007