

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45160

Entity Name: WILHELM ASSOCIATES, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

111 EAST LAKEVIEW STREET  
P.O. BOX 390  
UMATILLA, FL 32784

## New Principal Place of Business:

2300 PARK FOREST  
MOUNT DORA, FL 32757

## Current Mailing Address:

111 EAST LAKEVIEW STREET  
P.O. BOX 390  
UMATILLA, FL 32784

## New Mailing Address:

2300 PARK FOREST  
P.O. BOX 390  
UMATILLA, FL 32784

FEI Number: 59-2744245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILHELM, EDWARD  
111 EAST LAKEVIEW STREET  
PO BOX 390  
UMATILLA, FL 32784 US

## Name and Address of New Registered Agent:

WILHELM, CONSTANCE L  
2300 PARK FOREST  
MOUNT DORA, FL 32757 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: CONSTANCE WILHELM

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILHELM, EDWARD,  
Address: 111 EAST LAKEVIEW STREET  
City-St-Zip: UMATILLA, FL

Title: V ( ) Delete  
Name: WILHELM, WILLIAM C.,  
Address: 355 WAGON WHEEL TRAIL  
City-St-Zip: THOMASVILLE, GA

Title: V ( ) Delete  
Name: ZEBRO, SHARON,  
Address: 940 LARCHMONT CRESCENT  
City-St-Zip: NORFOLK, VA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILHELM, CONSTANCE L  
Address: 2300 PARK FOREST  
City-St-Zip: MOUNT DORA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CONSTANCE WILHELM

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date