


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90091 021 ***150.00

DOCUMENT # K51594 1. Entity Name WILK INTERNATIONAL, INC.					
Principal Place of Business 2900 EMERSON EXPRESSWAY P. O. BOX 48220 JACKSONVILLE, FL 32247-8220 US			Mailing Address 2900 EMERSON EXPRESSWAY P. O. BOX 48220 JACKSONVILLE, FL 32247-8220 US		
2. Principal Place of Business - No P.O. Box # 2900 EMERSON EXPRESSWAY		3. Mailing Address 2900 EMERSON EXPRESSWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-2921548	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILK, JOHN J 2900 EMERSON EXPWY JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>(Signature, typed or printed name of registered agent and title. Applicable to (P.O.T.L. Registered Agent & printed name of agent, if applicable))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST. ZIP	VD WILK, JOHN J. 2900 EMERSON EXPWY. JACKSONVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST. ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32207	
TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JOHN J. WILK PRESIDENT		