2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M88170

Entity Name: WILKINS FROHLICH, P.A.

Current Principal Place of Business:

18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0057351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEASON, BRIAN M ESQ.
WILKINS FROHLICH, P.A.
18501 MURDOCK CIRCLE, SIXTH FLOOR
PORT CHARLOTTE, FL 33948 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

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:

Title:	VD	( ) Delete
Name:	WILKINS, GARY L.,	
Address:	18501 MURDOCK CIR 6TH FLOOR	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	PD	( ) Delete
Name:	FROHLICH, W. CORT	
Address:	RT. 1, BOX 839	
City-St-Zip:	PUNTA GORDA, FL	
Title:	STD	( ) Delete
Name:	HANAOKA, LOUISE O	
Address:	30337 HOLLY ROAD	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	D	( ) Delete
Name:	DOUGLAS, CATHERINE	
Address:	18501 MURDOCK CIRCLE, 6TH FLOOR	
City-St-Zip:	PT. CHARLOTTE, FL 33948	
Title:	D	( ) Delete
Name:	BEASON, BRIAN M	
Address:	18501 MURDOCK CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	D	( ) Delete
Name:	GORDON, JAMES D	
Address:	18501 MURDOCK CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33948	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GARY L. WILKINS VD 05/01/2007

Electronic Signature of Signing Officer or Director — Date