

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88170

FILED
Jun 02, 2010
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: VD
Name: WILKINS, GARY L.
Address: 18501 MURDOCK CIR 6TH FLOOR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD
Name: FROHLICH, W. CORT
Address: RT. 1, BOX 839
City-St-Zip: PUNTA GORDA, FL

Title: STD
Name: HANAOKA, LOUISE O
Address: 30337 HOLLY ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: D
Name: DOUGLAS, CATHERINE
Address: 18501 MURDOCK CIRCLE, 6TH FLOOR
City-St-Zip: PT. CHARLOTTE, FL 33948

Title: D
Name: BEASON, BRIAN M
Address: 18501 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D
Name: GORDON, JAMES D
Address: 18501 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby 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 all other like empowered.

SIGNATURE: GARY L. WILKINS

VD

06/02/2010

Electronic Signature of Signing Officer or Director

Date