


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000004271 1. Entity Name WILCOX CONSTRUCTION, INC.	
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Principal Place of Business 7209 SE 110TH ST. RD. BELLEVIEW, FL 34420	Mailing Address P. O. BOX 1658 BELLEVIEW, FL 34421
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631481	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILCOX, RICHARD T 7209 SE 110TH ST. RD. BELLEVIEW, FL 34420
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS WILCOX, RICHARD T 7305 SE 110TH ST. ROAD BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, RICHARD T 7305 SE 110TH S. ROAD BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCOX, DLANNA H 7209 SE 110TH ST. ROAD BELLEVIEW, FL 34420
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04/12/05-80024-009 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05
Date

Daytime Phone #