

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90010 014 ***158.75

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1. Entity Name
WILCOX CONSTRUCTION, INC.



Principal Place of Business
**7209 SE 110TH ST. RD.
BELLEVIEW, FL 34420**

Mailing Address
**P. O. BOX 1658
BELLEVIEW, FL 34421**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3631481

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILCOX, RICHARD T
7209 SE 110TH ST. RD.
BELLEVIEW, FL 34420**

**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

[Signature]

Signature typed or printed name of registered agent on the last page

(NOTE: Registered Agent Signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	WILCOX, RICHARD T
STREET ADDRESS	7305 SE 110TH ST.ROAD
CITY-STATE-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	WILCOX, RICHARD T
STREET ADDRESS	7305 SE 110TH S.ROAD
CITY-STATE-ZIP	BELLEVIEW, FL 34420
TITLE	S
NAME	WILCOX, DLANNA H
STREET ADDRESS	7209 SE 110TH ST.ROAD
CITY-STATE-ZIP	BELLEVIEW, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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