


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90032 026 \*\*\*150.00

DOCUMENT # P00000030216	
1. Entity Name WIGHTMAN PROPERTIES, INC.	

Principal Place of Business 451 GANO COURT ORANGE PARK, FL 32073	Mailing Address 451 GANO COURT ORANGE PARK, FL 32073
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2. Principal Place of Business - No P.O. Box # 8571 Hilma Rd	3. Mailing Address 8571 Hilma Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32244	Country US



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 26-2895323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WIGHTMAN, WALTER J 451 GANO COURT ORANGE PARK, FL 32073	
7. Name and Address of New Registered Agent Name: Walter J Wightman Street Address (P.O. Box Number is Not Acceptable): 8571 Hilma Rd City: Jacksonville FL Zip Code: 32244	

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: Walter J Wightman DATE: 2/5/07

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGHTMAN, WALTER J 8571 HILMA RD JACKSONVILLE, FL 32210 <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
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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: Walter J Wightman DATE: 2/5/07 DAYTIME PHONE #: 904 777-0185  
904-626-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR