

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000043333

1. Entity Name
WILKISON INVESTMENTS, INC.



Principal Place of Business
CORNER 309 & ELM
WELAKA, FL 32193

Mailing Address
P.O. Box 82
WELAKA, FL 32193

182
FILED

06 OCT 17 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3651513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILLIARD-PAMELA
CORNER 309 & ELM
WELAKA, FL 32193

**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 PAMELA Hilliard Pamela Hilliard 9/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKISON, JULIAN CORNER 309 & ELM WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HILLARD, PAMELA CORNER 309 & ELM WELAKA, FL 32193
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300080259153
09/28/06--01028--017 **150.00

**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: Julian F. Wilkison Julian F. Wilkison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06 (386) 467-2921
Day Daytime Phone #

22 10/24

282



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2006

WILKISON INVESTMENTS, INC.
P.O. BOX 82
WELAKA, FL 32193

SUBJECT: WILKISON INVESTMENTS, INC.
Ref. Number: P00000043333

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

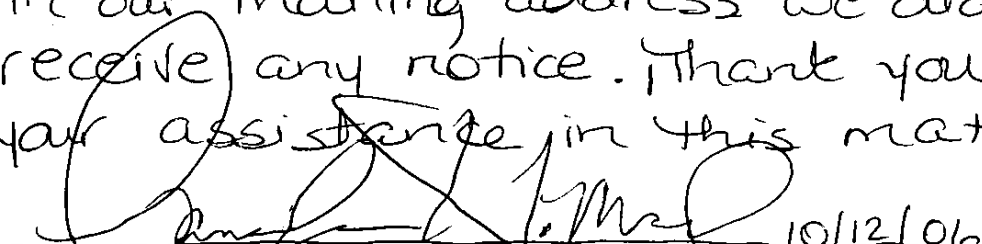
To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 606A00059851

As Registered Agent for Wilkison Investments, Inc., I request waiver of the \$600. reinstatement fee. Due to the above mentioned error in our mailing address we did not receive any notice. Thank you for your assistance in this matter.


Pamela Hilliard 10/12/06