2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000067866

1. Entity Name
WILKY POOL SERVICE, INC.

Principal Place of Business	Mailing Address
2136 NE 27TH CT LIGHTHOUSE POINT, FL 00364	2136 NE 27TH CT LIGHTHOUSE POINT, FL 00364

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1026950
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINS, TODD L
2136 NE 27TH CT
LIGHTHOUSE POINT, FL 00364

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

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

U00000430153
02/22/06-80037-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WILKINS, TODD L
STREET ADDRESS	2136 NE 27TH CT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 00364
TITLE	VS
NAME	WILKINS, MARY ANN
STREET ADDRESS	2136 NE 27TH CT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 00364
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ President 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #