


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-19-2004 90029 041 ***150.00

DOCUMENT # P01000002259 1. Entity Name WILCOX CONSTRUCTION OF AMERICA, INC.					
Principal Place of Business 10177 SW 49TH AVE OCALA FL 34476			Mailing Address 10177 SW 49TH AVE OCALA FL 34476		
2. Principal Place of Business 10177 SW 49th Ave		3. Mailing Address 10177 SW 49th			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 65-1068207	
Zip 34476		Country Marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTLEY, DAVID 8640 SW 66TH TERRACE OCALA FL 34476			7. Name and Address of New Registered Agent Name: David Hartley Street Address (P.O. Box Number is Not Acceptable): 10177 SW 49th Ave City: Ocala FL Zip Code: 34476		
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: X David Hartley (NOTE: Registered Agent signature required when reinstating) DATE: 1-28-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTLEY, DAVID <input type="checkbox"/> Delete 8640 SW 66TH TERRACE OCALA FL 34476		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	
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X David Hartley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/27/04 <small>Date</small>		