

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 21 PM 4:03

DOCUMENT # P02000013504

1. Entity Name
WILKINSON ELECTRIC, INC.



Principal Place of Business
1910 KATHERINE SPEED CT.
TALLAHASSEE FL 32303

Mailing Address
1910 KATHERINE SPEED CT.
TALLAHASSEE FL 32303

05/03/04 91212 024 \$ 55.64

2. Principal Place of Business
1159 Supreme Ct.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 13505
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
Tall. Fla.

City & State
Tall. Fla.

Zip
32301

Country
USA

Zip
323

Country
USA

4. FEI Number 75-2997265 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINSON, BEN H
215 S. MONROE ST., 2ND FL
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Frank Wilkinson* DATE 4/30/04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Delete
NAME WILKINSON, FRANK H
STREET ADDRESS 1910 KATHERINE SPEED CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400038479404
06/30/04--01046--005 **94.36

TITLE DVST Delete
NAME WILKINSON, FARRAH
STREET ADDRESS 1910 KATHERINE SPEED CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Frank Wilkinson Frank Wilkinson P.P. 4/30/04 850 508-2215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #