

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.

City & State

Tall. Fla.

City & State

Tall. Fla.

Zip

32301

Country

USA

Zip

323

Country

USA



MOORE

CR2E034 (11/03)

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400038479404
06/30/04--01046--005 **94.36

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 P.P. 4/30/04

Date

Daytime Phone #