

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000088891

1. Entity Name
WILKINSON FARMS, INC.



Principal Place of Business
6002 JOHN WILKINSON RD
BALDWIN, FL 32234

Mailing Address
6002 JOHN WILKINSON RD
BALDWIN, FL 32234



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-9081251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINSON, JOHN G
6002 JOHN WILKINSON RD
BALDWIN, FL 32234

**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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILKINSON, B.J.
STREET ADDRESS	6282 CR 218
CITY-ST-ZIP	BALDWIN, FL 32234
TITLE	V
NAME	ANDREWS, ABBIE
STREET ADDRESS	6278 CR 218
CITY-ST-ZIP	BALDWIN, FL 32234
TITLE	DS
NAME	WILKINSON, MARY LOU
STREET ADDRESS	6002 JOHN WILKINSON RD
CITY-ST-ZIP	BALDWIN, FL 32234
TITLE	DT
NAME	WILKINSON, JOHN G
STREET ADDRESS	6002 JOHN WILKINSON RD
CITY-ST-ZIP	BALDWIN, FL 32234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80006-007 150.00

**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:

John H. Wilkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John G. Wilkinson

Date

Daytime Phone #

2-21-08