## 2005 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 13, 2005 08:00 AM DOCUMENT # P02000134733 **Secretary of State** 1. Entity Name WILMAR COMMUNICATION PRODUCTS, INC. Principal Place of Business Mailing Address 81 SOLEE RD **81 SOLEE RD** PALM COAST, FL 32137 PALM COAST, FL 32137 No Chg-P CR2E034 (10/03) 01102005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0588401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KNIGHT, JERRY C DO NOT WRITE 2825 N OCEANSHORE BLVD BEVERLY BCH, FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST MIE NAME JAMISON, WILLIAM E STREET ADDRESS 81 SOLEE ROAD CITY-ST-ZIP PALM COAST, FL 32137 11000000179193 TITLE 01/13/05-80008-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TILE. STREET ADDRESS DO NOT WRITE CDY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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.

William E. JAMISON

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Daytime Phone #