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Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90047 034 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115770

1. Entity Name
WISHAM INC.

400184...

02132006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
P.O. BOX 407 HOLLISTER, FL 32147	P.O. BOX 407 HOLLISTER, FL 32147

	2. Principal Place of Business	3. Mailing Address
	PO BOX 1772	PO BOX 1772
Suite, Apt. #, etc. / City & State	Cross City Fl	Cross City Fl
Zip	32628	32628
Country	USA	USA

4. FEI Number: 20-0756755 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WISHAM, JASON D PT
107 OSTEEN RD.
HOLLISTER, FL 32147

7. Name and Address of New Registered Agent
Name: Staples, Lisa K PT
Street Address (P.O. Box Number is Not Acceptable): 173 NE 89th St
City: Cross City FL Zip Code: 32628

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. Lisa K Staples

SIGNATURE: Lisa K Staples 2-13-06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	PT	☑ Delete
NAME	WISHAM, JASON D PT	
STREET ADDRESS	P.O. BOX 407	
CITY-ST-ZIP	HOLLISTER, FL 32147	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	Change	Addition
TITLE	PT	☑ Change	☑ Addition
NAME	STAPLES, LISA K		
STREET ADDRESS	PO BOX 1772		
CITY-ST-ZIP	Cross City Fl 32628		
TITLE	V	☐ Change	☑ Addition
NAME	Becky L. Gill MD		
STREET ADDRESS	PMB 8187, PO BOX 2428		
CITY-ST-ZIP	Pensacola Fl 32513-2418		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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 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: Lisa K Staples, PT 2-13-06 352-283-3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lisa K Staples, PT