

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000115770

1. Entity Name
WISHAM INC.



Principal Place of Business
107 E. RODGERS BLVD.
CHIEFLAND, FL 32626

Mailing Address
107 E. RODGERS BLVD.
CHIEFLAND, FL 32626

2. Principal Place of Business - No P.O. Box #
517 S. Main

3. Mailing Address
PO Box 760

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chiefland, FL

Zip
32626

Country
Levy

City & State
Bronson, FL

Zip
32621-0760

Country
Levy

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0344035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAPLES, LISA K PT
173 NE 89TH ST
CROSS CITY, FL 32628

7. Name and Address of New Registered Agent

Name Becky L. Gill, MD

Street Address (P.O. Box Number is Not Acceptable)
8760 NE 118Th Terr

City Bronson FL Zip Code 32621

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 Becky L. Gill, MD PT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4/30/2007

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PT STAPLES, LISA K P.O. BOX 1772 CROSS CITY, FL 32628	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Becky L. Gill, MD PO Box 760 Bronson FL 32621-0760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILL, BECKY L MD PMB 8187 P.O. BOX 2428 PENSACOLA, FL 325132418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Becky L. Gill, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

352-490-6289

Date

Daytime Phone #