


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90052 013 \*\*\*150.00

<b>DOCUMENT # P03000115770</b>	
1. Entity Name <b>WISHAM INC.</b>	

Principal Place of Business <b>107 E. RODGERS BLVD. CHIEFLAND, FL 32626</b>	Mailing Address <b>107 E. RODGERS BLVD. CHIEFLAND, FL 32626</b>
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2. Principal Place of Business - No P.O. Box # <b>517 S. Main</b>	3. Mailing Address <b>PO Box 760</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Chiefland, FL</b>	City & State <b>Bronson, FL</b>
Zip <b>32626</b>	Zip <b>32621-0760</b>
Country <b>Levy</b>	Country <b>Levy</b>

40030000



04302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0344035</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>STAPLES, LISA K PT 173 NE 89TH ST CROSS CITY, FL 32628</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Becky L. Gill, MD</b>
Street Address (P.O. Box Number is Not Acceptable) <b>8760 NE 118Th Terr</b>
City <b>Bronson</b>
State <b>FL</b>
Zip Code <b>32621</b>

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 <b>Becky L. Gill, MD PT</b>	DATE <b>4/30/2007</b>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>PT</b>	<input checked="" type="checkbox"/> Delete
NAME <b>STAPLES, LISA K</b>	
STREET ADDRESS <b>P.O. BOX 1772</b>	
CITY-ST-ZIP <b>CROSS CITY, FL 32628</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete
NAME <b>GILL, BECKY L MD</b>	
STREET ADDRESS <b>PMB 8187 P.O. BOX 2428</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 325132418</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Becky L. Gill, MD</b>	
STREET ADDRESS <b>PO Box 760</b>	
CITY-ST-ZIP <b>Bronson FL 32621-0760</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> <b>Becky L. Gill, MD</b>	<b>4/30/2007</b>	<b>352-490-6289</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>