


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000120630 1. Entity Name WILKEY CONSTRUCTION COMPANY, INC.	
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Principal Place of Business 5950 W. DUNKLIN STREET DUNNELLON, FL 34433	Mailing Address 5950 W. DUNKLIN STREET DUNNELLON, FL 34433
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DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0403810	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILKEY, RANDY D 5950 W. DUNKLIN STREET DUNNELLON, FL 34433	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKEY, RANDY D 5950 W. DUNKLIN STREET DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKEY, PAULA M 5950 W. DUNKLIN STREET DUNNELLON, FL 34433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Paula M. Wilkey Paula M. Wilkey 7/5/07 352-302-7489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #