

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142107

Entity Name: WILCOX INC.

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

18434 DEMKO RD
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

18434 DEMKO RD
ALTOONA, FL 32702

New Mailing Address:

P.O. BOX 1299
ALTOONA, FL 32702

FEI Number: 20-0467258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, TIM
18434 DEMKO RD
ALTOONA, FL 32702 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: WILCOX, NANCY
Address: 18434 DEMKO RD
City-St-Zip: ALTOONA, FL 32702

Title: VP () Delete
Name: WILCOX, TIM
Address: 18434 DEMKO RD
City-St-Zip: ALTOONA, FL 32702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY WILCOX

PTS

04/23/2005

Electronic Signature of Signing Officer or Director

Date