# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 23, 2005 8:00 am**
**Secretary of State**
04-22-2005 90313 046 ***158.75

DOCUMENT # P03000149138

1. Entity Name
M. L. WILKES PLASTERING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 877 SAMS AVENUE<br>PORT ORANGE, FL 32127 | 877 SAMS AVENUE<br>PORT ORANGE, FL 32127 |

66018488

04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1613554
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKES, MARVIN L
877 SAMS AVENUE
PORT ORANGE, FL 32127

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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: X MARVIN LEE WILKES JR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not listed)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | WILKES, MARVIN L |
| STREET ADDRESS | 1414 DEXTER DR N |
| CITY-ST-ZIP | PORT ORANGE, FL 32129 |
| TITLE | |
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| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** MARVIN LEE WILKES JR
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Date if Filing