2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90024 021 ***150.00

DOCUMENT # P05000042140

1. Entity Name
GERALD WILKERSON, P.A.

Principal Place of Business	Mailing Address
1733 GERALDINE DRIVE JACKSONVILLE, FL 32205	1733 GERALDINE DRIVE JACKSONVILLE, FL 32205

400251O6

02232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1725 BLANDING BLVD.	SAME
Apt. # etc SUITE 106	Suite, Apt. #, etc
City & State JACKSONVILLE, FL.	City & State
Zip 32210 Country	Zip Country

4. FEI Number 20-2525725 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKERSON, GERALD L 1733 GERALDINE DRIVE JACKSONVILLE, FL 32205	Name: GERALD WILKERSON Street Address (P.O. Box Number is Not Acceptable): 1725 BLANDING BLVD. SUITE 106 City: JACKSONVILLE FL Zip Code: 32210

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: _____ 2/27/06
(Typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
P WILKERSON, GERALD L 1733 GERALDINE DRIVE JACKSONVILLE, FL 32205 ☐ Delete	TITLE P NAME WILKERSON, GERALD, L. STREET ADDRESS 1725 BLANDING BLVD. SUITE 106 CITY ST ZIP JACKSONVILLE, FL. 32210 ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ 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: _____ 2/28/06 384-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #