

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-02-2006 90195 019 ***150.00

DOCUMENT # P05000085379



1. Entity Name
MARY B. WILKINSON, PA

Principal Place of Business
**178 BEACHLAND BLVD.
 #178
 VERO BEACH, FL 32963**

Mailing Address
**178 BEACHLAND BLVD.
 #178
 VERO BEACH, FL 32963**

66020510



2. Principal Place of Business
505 Beachland Blvd.

3. Mailing Address
505 Beachland Blvd.

Suite, Apt. #, etc.
128

Suite, Apt. #, etc.
128

04282006 Chg-P CR2E034 (11/05)

City & State
Vero Beach FL

City & State
Vero Beach FL

4. FEI Number
75-3191587 Applied For
 Not Applicable

Zip
32963

Country
Indian River

Zip
32963

Country
Indian River

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

**WILKINSON, MARY B PA
 505 BEACHLAND BLVD.
 #178
 VERO BEACH, FL 32963**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKINSON, MARY B 505 BEACHLAND BLVD. #178 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary B. Wilkinson April 28 2006 (321) 759-8823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Telephone #