

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143542

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: WILK CONSTRUCTION, CORP.

## Current Principal Place of Business:

3301 SOUTH FLAGLER DR  
WEST PALM BEACH, FL 33405

## New Principal Place of Business:

## Current Mailing Address:

3301 SOUTH FLAGLER DR  
WEST PALM BEACH, FL 33405

## New Mailing Address:

5555 NOB HILL ROAD  
SUNRISE, FL 33351 US

FEI Number: 20-3696646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILKINSON, CHAD  
3301 S FLAGLER DR  
WEST PALM BEACH, FL 33405 US

## Name and Address of New Registered Agent:

HOADLEY, SHARLEEN M  
5555 NOB HILL ROAD  
SUNRISE, FL 33351 US

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: SHARLEEN M HOADLEY

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILKINSON, CHAD  
Address: 3301 S FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: WILKINSON, CHAD D P/D  
Address: 3301 S FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP/D ( ) Change (X) Addition  
Name: HOADLEY, SHARLEEN M VP/D/S  
Address: 5555 NOB HILL ROAD  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP/D ( ) Change (X) Addition  
Name: CHAMBERLIN, JAMES M VP/D  
Address: 5555 NOB HILL ROAD  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP/D ( ) Change (X) Addition  
Name: LANCASTER, RICHARD A VP/D  
Address: 5555 NOB HILL ROAD  
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARLEEN M HOADLEY

VP/D

02/17/2009

Electronic Signature of Signing Officer or Director

Date