

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90074 029 \*\*\*150.00

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03062007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000079552</b> 1. Entity Name <b>WILSHER &amp; SONS INVESTMENTS, INC.</b>					
Principal Place of Business <b>10231 W. SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>10231 W. SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7900 Nova Drive</b>		3. Mailing Address <b>7900 Nova Drive</b>			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>			
City & State <b>Davie, FL</b>		City & State <b>Davie, FL</b>			
Zip <b>33324</b>		Country <b>US</b>		4. FEI Number <b>65-0452515</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SMITH, JOHN A</b> <b>12031 W. SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7900 Nova Drive</b> <b>Suite 101</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33324</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MARKHAM, SHARON R</b> <b>58 CAYUGA RD</b> <b>SEA RANCH LAKES, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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.					
<b>SIGNATURE: X Sharon R Markham</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>x 4/11/07</b> <small>Date</small>		<b>954-577-6872</b> <small>Daytime Phone #</small>