

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000084078

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: WIKLE PROPERTIES MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

4705 ALTERNATE 19  
UNIT B  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

4705 ALTERNATE 19  
UNIT B  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 59-3279091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIKLEN, PAUL J  
4705 ALT. 19  
PALM HARBOR, FL 34683    US

**Name and Address of New Registered Agent:**

WIKLE, PAUL J  
4705 ALT. 19  
PALM HARBOR, FL 34683    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: PAUL J. WIKLE

03/03/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WIKLE, PAUL J  
Address: 4705 ALTERNATE 19, UNIT B  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL J. WIKLE

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date