



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000000178 1. Entity Name WILENSKY ENTERPRISES, INC.					
Principal Place of Business 1916 ATLANTIC BLVD JACKSONVILLE, FL 32207		Mailing Address 1916 ATLANTIC BLVD JACKSONVILLE, FL 32207			
DO NOT WRITE IN THIS SPACE					
				 01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3270262		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILENSKY, DANIEL F 1916 ATLANTIC BLVD JACKSONVILLE, FL 32207				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST- ZIP		DPS WILENSKY, DANIEL F 2212 SMULLIAN TRAIL JACKSONVILLE, FL 32217			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		DVT WILENSKY, CATHY 2212 SMULLIAN TRAIL JACKSONVILLE, FL 32217			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		DO NOT WRITE IN THIS SPACE 1100000179483 01/13/05-80019-016 150.00			
TITLE NAME STREET ADDRESS CITY-ST- ZIP					
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TITLE NAME STREET ADDRESS CITY-ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-11-05		904.398.8887	