

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P96000053658

1. Entity Name  
SHUWILCO, INC.



FILED  
4-11-05  
Apr 14, 2005 08:00 AM  
Secretary of State

Principal Place of Business  
4401 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652

Mailing Address  
4401 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3384146	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

WILKS, JEFFERY A  
4401 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**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: Sharon Wilks Sharon Wilks

4/14/05  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILKS, JEFFERY A 4401 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILKS, SHARON 4401 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKS, ROBERT 4401 US HWY 19 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000303525  
04/14/05-80005-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 like empowered.

SIGNATURE: Sharon Wilks Sharon Wilks

4/14/05 7818479986  
Date Daytime Phone #