


FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90148 040 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000079591			
1. Entity Name WILCHAL, INC.			
Principal Place of Business 251 WEST READING WAY WINTER PARK, FL 32789		Mailing Address % P.O. BOX 2809 ORLANDO, FL 32802	
2. Principal Place of Business 2110 FAWSETT ROAD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State	
Zip 32789	Country USA	Zip	Country
4. FEI Number 59-3413313		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONIGLIARO, DOUGLAS A. 251 WEST READING WAY WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name CONIGLIARO, DOUGLAS A. Street Address (P.O. Box Number is Not Acceptable) 2110 FAWSETT ROAD City WINTER PARK FL Zip Code 32789	
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 <u>Douglas Conigliaro</u> DATE <u>4/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT CONIGLIARO, DOUGLAS A 251 WEST READING WAY WINTER PARK, FL <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	DVS CONIGLIARO, CARLA 251 WEST READING WAY WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. SIGNATURE: <u>Douglas Conigliaro</u> <u>DOUGLAS CONIGLIARO</u> <u>4/6/06</u> <u>407 230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			