2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# P97000037261

Entity Name: R. G. WILKINS & ASSOCIATES, INC.

Current Principal Place of Business:

5814 ARBOR WALK LANE
TAMPA, FL 336247032

New Principal Place of Business:

Current Mailing Address:

5814 ARBOR WALK LANE
TAMPA, FL 336247032

New Mailing Address:

FEI Number: 65-0747129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKINS, RONALD G
8511 YORKSHIRE LANE
FORT MYERS, FL 339191806 US

Name and Address of New Registered Agent:

WILKINS, RONALD G
5814 ARBOR WALK LANE
TAMPA, FL 336247032 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: R. G. WILKINS, PRESIDENT 01/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILKINS, RONALD G
Address: 8511 YORKSHIRE LANE
City-St-Zip: FORT MYERS, FL 339191806

Title: D ( ) Delete
Name: WILKINS, PATRICIA A
Address: 8511 YORKSHIRE LANE
City-St-Zip: FORT MYERS, FL 339191806

Title: D ( ) Delete
Name: WILKINS, R. DEAN
Address: 5814 ARBOR WALK LANE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: WILKINS, ROSANNE
Address: 5814 ARBOR WALK LANE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: CARR, WILLIAM J
Address: 206 ALDER BRANCH COURT
City-St-Zip: MADISON, AL 35757

Title: D ( ) Delete
Name: CARR, DAWN RENEE
Address: 206 ALDER BRANCH COURT
City-St-Zip: MADISON, AL 35757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILKINS, RONALD G
Address: 5814 ARBOR WALK LANE
City-St-Zip: TAMPA, FL 336247032

Title: D (X) Change ( ) Addition
Name: WILKINS, PATRICIA A
Address: 5814 ARBOR WALK LANE
City-St-Zip: TAMPA, FL 336247032

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD G. WILKINS PRES 01/26/2006
Electronic Signature of Signing Officer or Director Date