## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000038119**

1. Entity Name

WILCOX PROPERTIES, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

1721 SE FLINTLOCK ROAD PORT ST LUCIE, FL 34952 Mailing Address

1721 SE FLINTLOCK ROAD PORT ST LUCIE, FL 34952



01132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0799443

WILCOX

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, MILTON L 1721 SE FLINTLOCK ROAD PORT ST LUCIE, FL 34952

SIGNATURE:

## 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  |  |       |      |                                |                           |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE   |  |       |      |                                |                           |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |  |       | cing | \$5.00 May Be<br>Added to Fees |                           |
| 10.  | OFFICERS AND DIREC   | CTORS |      |                                |                           |
| TITLE<br>NAME<br>Street address<br>City-St-Zip   | D<br>WILCOX, MILTON L<br>1721 SE FLINTLOCK ROAD<br>PORT ST LUCIE, FL 34952 |       |      |                                | 000000619659              |
| TITLE<br>Name<br>Street address<br>City-St-Zip   |  |       |      |                                | 02/09/07-80006-013 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |      | DO                             | NOT WRITE                 |
| TITLE<br>NAME<br>Street Address :<br>City-St-Zip   |  | :     |      | IN .                           | THIS SPACE                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |      |                                |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |      |                                |                           |
| 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. |  |       |      |                                |                           |