2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072930

PAMELA, VICK

7320 NW 43 ST

MIAMI, FL 33166

Name:

Address:

City-St-Zip:

Entity Name: WILCO ELECTRICAL CONTRACTING, INC

FILED Jan 09, 2006 Secretary of State

Littly Nai	ine. WILCO	LLECTRICAL CONTRAC	JIING, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
7320 NW 4 MIAMI, FL							
Current Mailing Address:			New Mail	New Mailing Address:			
PO BOX 2 SAINT JAM	28 MES CITY, FL	33956 US					
FEI Number	: 65-0781082	FEI Number Applied For	() FEI Number Not App	olicable ()	Certificate of Status Desired (X)		
Name and	Address of (Current Registered Age	ent: Name and	Name and Address of New Registered Agent:			
HENDERS 7320 NW 4 MIAMI, FL		ΝK					
	named entity e of Florida.	submits this statement fo	or the purpose of changing	its registere	ed office or registered agent, or both,		
SIGNATUR	RE:						
	Electron	nic Signature of Register	ed Agent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT (HENDERSON, 7320 NW 43 S' MIAMI, FL 331	Т	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V (KIRK SR, DOU 7320 NW 43 S MIAMI, FL 331	Т	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	CD (HENDRSON, P 7320 NW 43 S MIAMI, FL 331	Т	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	V () Delete	Title:	S	(X) Change()Addition		

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.

Name:

Address:

City-St-Zip:

SONES, JANE L

7320 NW 43 ST

MIAMI, FL 33166

SIGNATURE: CATHRYN K. HENDERSON P 01/09/2006