2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# P99000023609

Entity Name: WILKES & PARTNERS, INCORPORATED

Current Principal Place of Business:

9501 ARLINGTON EXPRESSWAY
670
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

1102 SHIPWATCH DR. E
JACKSONVILLE, FL 32225 US

New Mailing Address:

1619 NOTTINGHAM KNOLL DR.
JACKSONVILLE, FL 32225 US

FEI Number: 59-3569026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKES, MICHAEL T
1102 SHIPWATCH DR. E
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

WILKES, MICHAEL T
1619 NOTTINGHAM KNOLL DR.
JACKSONVILLE, FL 32225 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: 08/19/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILKES, MICHAEL T
Address: 1102 SHIPWATCH DR. E
City-St-Zip: JACKSONVILLE, FL 32225

Title: CEO ( ) Delete
Name: WILKES, MICHAEL
Address: 1102 SHIPWATCH DR. E
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPO ( ) Delete
Name: WILKES, PRISCILLA
Address: 1102 SHIPWATCH DR E
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILKES, MICHAEL T
Address: 1619 NOTTINGHAM KNOLL DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: CEO (X) Change ( ) Addition
Name: WILKES, MICHAEL
Address: 1619 NOTTINGHAM KNOLL DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPO (X) Change ( ) Addition
Name: WILKES, PRISCILLA
Address: 1619 NOTTINGHAM KNOLL DR.
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL T WILKES P 08/19/2008
Electronic Signature of Signing Officer or Director Date