


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000059788**  
 1. Entity Name  
**WILKER-POWERS CENTER FOR CLINICAL STUDIES, INC.**



Principal Place of Business      Mailing Address  
**3100 17TH ST.**                      **3100 17TH ST.**  
**ST. CLOUD, FL 34769**              **ST. CLOUD, FL 34769**

**DO NOT WRITE IN THIS SPACE**



02032004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3583863**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILKER, JOHN F**  
**2616 FLORENCE DR.**  
**KISSIMMEE, FL 34744**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

000000046173  
 02/11/04-80092-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE      D  
 NAME      WILKER, JOHN F  
 STREET ADDRESS      2616 FLORENCE DR.  
 CITY-ST-ZIP      KISSIMMEE, FL 34744

TITLE      D  
 NAME      WILKER, ANNA M  
 STREET ADDRESS      2616 FLORENCE DR.  
 CITY-ST-ZIP      KISSIMMEE, FL 34744

TITLE      D  
 NAME      POWERS, CHARLES K JR.  
 STREET ADDRESS      2335 NEPTUNE RD.  
 CITY-ST-ZIP      KISSIMMEE, FL 34744

TITLE      D  
 NAME      POWERS, VANESSA K  
 STREET ADDRESS      2335 NEPTUNE RD.  
 CITY-ST-ZIP      KISSIMMEE, FL 34744

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **John F. Wilker**      Date \_\_\_\_\_      Daytime Phone # **407-892-0009**