

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90293 029 ***150.00

DOCUMENT # P99000095527			
1. Entity Name WILHELMI PROPERTIES, INC.			
Principal Place of Business 7519 TWELVE OAKS BLVD. TAMPA, FL 33634		Mailing Address 7519 TWELVE OAKS BLVD. TAMPA, FL 33634	
2. Principal Place of Business 5542 CANNONADE DRIVE Suite, Apt. #, etc.		3. Mailing Address 5542 CANNONADE DRIVE Suite, Apt. #, etc.	
City & State WESLEY CHAPEL, FL Zip: 33544		City & State WESLEY CHAPEL, FL Zip: 33544	
4. FEI Number 59-3607355		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILHELMI, RANDALL 7519 TWELVE OAKS BLVD. TAMPA, FL 33634		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILHELMI, RANDALL P 7519 TWELVE OAKS BLVD. TAMPA, FL 33634	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILHELMI, MARGARET A 7519 TWELVE OAKS BLVD. TAMPA, FL 33634	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Randall P. Wilhelmi</u> <u>Randall P. Wilhelmi Pres.</u>		Date: <u>4-07-06</u> Daytime Phone #: _____	