2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S95194

1. Entity Name
WILKERSON'S HYDROLOGY SERVICE INC.

Principal Place of Business	Mailing Address
100 SW 4TH STREET MULBERRY, FL 33860	100 SW 4TH STREET MULBERRY, FL 33860

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3090795

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKERSON, BLANDIANA D
100 SW 4TH ST
MULBERRY, FL 33860

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WILKERSON, WILLIAM F
STREET ADDRESS	100 SW 4TH ST
CITY-ST-ZIP	MULBERRY, FL
TITLE	CVS
NAME	WILKERSON, BLANDINA D
STREET ADDRESS	100 SW 4TH ST
CITY-ST-ZIP	MULBERRY, FL
TITLE	D
NAME	WILKERSON, BLANDINA D
STREET ADDRESS	100 SW 4TH ST
CITY-ST-ZIP	MULBERRY, FL
TITLE	VS
NAME	ANDERSON, MELISSA D
STREET ADDRESS	100 SW 4TH ST.
CITY-ST-ZIP	MULBERRY, FL
TITLE	AD
NAME	MICHEL, SUSAN D
STREET ADDRESS	1820 SHADY LANE S
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-00095-019 150.00

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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: _____ Blandina D. Wilkerson 4/21/06 863-425-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #