

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.	
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Principal Place of Business 100 SW 4TH STREET MULBERRY, FL 33860	Mailing Address 100 SW 4TH STREET MULBERRY, FL 33860
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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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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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

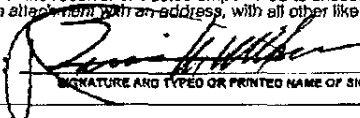
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

000000536506
05/09/06-80095-019 150.00

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IN THIS SPACE**

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** 4/26/06 863-425-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #