

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2008
Secretary of State**

DOCUMENT# 190331

Entity Name: WILSONMILLER, INC.

Current Principal Place of Business:

3200 BAILEY LANE
SUITE 200
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

3200 BAILEY LANE
SUITE 200
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-0761871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANCA, GARY L
3200 BAILEY LANE
SUITE 200
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KENNEDY, MICHAEL A
Address: 1112 MARI GOLD DR
City-St-Zip: BRADENTON, FL 34202

Title: TD () Delete
Name: DANCA, GARY L
Address: 4145 PINE RIDGE RD EXT
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: DURHAM, TIMOTHY P
Address: 3220 70TH ST SW
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: KEMPER, DAVID
Address: 110 HICKORY CREEK DR.
City-St-Zip: BRANDON, FL 33511

Title: CD () Delete
Name: REYNOLDS, ALAN D
Address: 5540 12TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: MAXWELL, MICHAEL H
Address: 4871 TAMARIND RIDGE DRIVE
City-St-Zip: NAPLES, FL 34119

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: GARY L DANCA

TD

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date