


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 388764**  
 1. Entity Name  
 K.R. WILSON HOMES, INC.



Principal Place of Business  
 3570 WILLIAMSON ROAD  
 FT MYERS, FL 33905

Mailing Address  
 3570 WILLIAMSON ROAD  
 FT MYERS, FL 33905

**DO NOT WRITE IN THIS SPACE**



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-1473320

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WANDA, WILSON  
 3570 WILLIAMSON ROAD  
 FT MYERS, FL 33905

**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 09/03/07-80003-018 150.00

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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	WILSON, WANDA
STREET ADDRESS	3570 WILLIAMSON ROAD
CITY-ST-ZIP	FT. MYERS, FL
TITLE	VPD
NAME	WILSON, JASON
STREET ADDRESS	3570 WILLIAMSON RD
CITY-ST-ZIP	FORT MYERS, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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: Jason Wilson Date 7-31-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #