


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 634922

1. Entity Name
 CHARLES H. WILSON, CONSTRUCTION COMPANY



Principal Place of Business
 2341 PORTER LAKE DR.
 SUITE 207
 SARASOTA, FL 34240

Mailing Address
 PO BOX 2338
 SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2401847

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, CHARLES H
 2341 PORTER LAKE DR
 #207
 SARASOTA, FL 34240

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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 _____ (NOTE Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD WILSON, CHARLES H., III 2341 PORTER LAKE DR #207 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, SHERYL B 2341 PORTER LAKE DR #207 SARASOTA, FL 34240
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles H. Wilson* President 10 Jan 05 949 957-1030

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