2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 634922 1. Entity Name CHARLES H. WILSON, CONSTRUCTION COMPANY				01-17-2006 90254 005 ***150.00		
Principal Place of Business 2341 PORTER LAKE DR. SUITE 207 SARASOTA, FL 34240 Mailing Address PO BOX 2338 SARASOTA, FL 34230				I IARDIN BUIFF IIII) BUFFO FONTO HETTO HET AIRI AIRI AIRI AIRI AIRI AIRI AIRI AIR		
<u>8931</u>	ace of Business Blaikie Court	Mailing Address No. Box 28 Suite, Apt. #, etc.	38			
Suite, Apt.		*****		01052006 Chg-P CR2E034 (11/05)		
Solva State	, ~ ,),	Savasota,	FL_	4. FEI Number Applied For 59-2401847 Not Applicable		
35/20	<u> </u>		Country Courtry Courtry Courtry Courtry			
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent		
WILSON, CHARLES H 2341 PORTER LAKE DR			Street Ad	dress (P.O. Box Number is Not Acceptable)		
#207 SARASOTA, FL 34240			83	· 21 Blaikie Court		
			CityS			
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 stignature required when reinstating) DATE						
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND D		11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, CHARLES H.,III 2341 PORTER LAKE DR #207 SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Witson, Charles H. XChange □ Addition 8221 Bla; Kiz Court 50x050+9 PL34240		
TITLE	\$	☐ Delete	TITLE	W: 15 pm. Sheard B Achange Addition		
NAME STREET ADDRESS	WILSON, SHERYL B 2341 PORTER LAKE DR #207		NAME STREET ADDRESS	8221 Blackie Court		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Seraso 49, FL 34240		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			name Street address			
CITY-ST-ZIP		—	CITY-ST-ZIP	D Observation of the Control of the		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	certify that the information supplied with	this filing does not qualify for t		contained in Chapter 119, Florida Statutes, I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		