

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688005

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: WILSON MANAGEMENT COMPANY

**Current Principal Place of Business:**

655 NORTH FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

655 NORTH FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

STOREY, BRENDA H  
655 N FRANKLIN STREET, STE 2200  
TAMPA, FL 33602 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: P ( ) Delete  
Name: WILSON, CAROLYN M  
Address: 655 NORTH FRANKLIN STREET, SUITE 2200  
City-St-Zip: TAMPA, FL 33602

Title: V ( ) Delete  
Name: WILSON, ASHLEY  
Address: 655 NORTH FRANKLIN STREET, SUITE 2200  
City-St-Zip: TAMPA, FL 33602

Title: V ( ) Delete  
Name: FINCH, LARRY J  
Address: 655 NORTH FRANKLIN STREET, SUITE 2200  
City-St-Zip: TAMPA, FL 33602

Title: CFOS ( ) Delete  
Name: STOREY, BRENDA H  
Address: 655 NORTH FRANKLIN STREET, SUITE 2200  
City-St-Zip: TAMPA, FL 33602

Title: V ( ) Delete  
Name: WILSON, CLAY  
Address: 655 NORTH FRANKLIN STREET, STE. 2200  
City-St-Zip: TAMPA, FL 33602

**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:

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: BRENDA H. STOREY

CFO

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date