

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G75835**  
 1. Entity Name  
 WILSON ROAD COMPANY, INC.

Principal Place of Business      Mailing Address  
 4621 S.W. 58TH AVE.      4621 S.W. 58TH AVE.  
 DAVIE, FL 33314      DAVIE, FL 33314



01062004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2425489      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCCALL, BARBARA H.  
 4621 S.W. 58TH AVE.  
 FT. LAUDERDALE, FL 33304

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCALL, BARBARA A.
STREET ADDRESS	4621 SW 58TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314
TITLE	V
NAME	MCCALL, RICHARD, JR.
STREET ADDRESS	5925 SW 54 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	ST
NAME	SCHROEDER, LESLIE D.
STREET ADDRESS	5877 SW 54 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000067293  
 02/26/04-80055-610 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leslie Schroeder      2/24/04      954-581-4782  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #