2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90039 024 ***150.00

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1. Entity Name
WILTON MANORS STREET SYSTEMS, INC.

Principal Place of Business	Mailing Address
2987 CENTERPORT CIRCLE #3 POMPANO BEACH, FL 33064	2987 CENTERPORT CIRCLE #3 POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3665465
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUTLEDGE, GARY R
215 S MONROE ST, STE 420
TALLAHASSEE, FL 32301

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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 _____ DATE
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
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUTLEDGE, GARY R
STREET ADDRESS	215 S MONROE ST, STE 420
CITY-ST-ZIP	TALLAHASSEE, FL 323011841
TITLE	P
NAME	HARDIN, DANIEL L
STREET ADDRESS	~~3400 W. STATE ROAD 84, SUITE 400~~ 3700 ~~Blvd~~ NE 27 AVE.
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33312~~ LIGHTHOUSE POINT, FLORIDA 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR
NAME	~~[illegible]~~ RUBIN, WILLIAM D.
STREET ADDRESS	450 E. LAS OLAS BLVD. SUITE 1250
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #