

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 024 ***150.00

DOCUMENT # P00000076525 1. Entity Name WILTON MANORS STREET SYSTEMS, INC.	
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Principal Place of Business 2987 CENTERPORT CIRCLE #3 POMPANO BEACH, FL 33064	Mailing Address 2987 CENTERPORT CIRCLE #3 POMPANO BEACH, FL 33064
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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**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

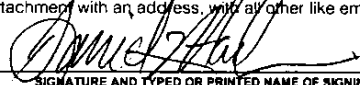
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUTLEDGE, GARY R
STREET ADDRESS	215 S MONROE ST, STE 420
CITY-ST-ZIP	TALLAHASSEE, FL 323011841
TITLE	P 3700 NE 27 AVE.
NAME	HARDIN, DANIEL L
STREET ADDRESS	3400 W. STATE ROAD 84, SUITE 400
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312 LIGHTHOUSE POINT, FLORIDA 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR
NAME	WILLIAM D. 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	

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/20/08** Daytime Phone # _____