

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000131207

Entity Name: TONY WILSON INC

FILED  
Nov 17, 2004  
Secretary of State

## Current Principal Place of Business:

2820 RICHMOND AVE  
SANFORD, FL 32773

## New Principal Place of Business:

## Current Mailing Address:

2820 RICHMOND AVE  
SANFORD, FL 32773

## New Mailing Address:

PO BOX 753  
ASTOR, FL 32102

FEI Number: 20-0382735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, TONY  
2820 RICHMOND AVE  
SANFORD, FL 32773 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, TONY  
Address: 2820 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

Title: VP ( ) Delete  
Name: WILSON, VERONICA  
Address: 2820 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

Title: SEC ( ) Delete  
Name: SCRIVENER, MARK G  
Address: 2820 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

Title: TRE ( ) Delete  
Name: BROWN, MARK A  
Address: 2820 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: PATTERSON, BENJAMIN F  
Address: 2820 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VERONICA WILSON

VP

11/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date