

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000081031

**Entity Name:** WILSON OF LAKE, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

903 E. ALFRED ST  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

903 E. ALFRED ST  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 26-3282946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, ROBERT SR  
903 E. ALFRED ST  
TAVARES, FL 32778 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, ROBERT SR  
Address: 903 E. ALFRED ST  
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WILSON SR

P

04/27/2011

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

\_\_\_\_\_  
Date