


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90002 043 ***150.00

DOCUMENT # P95000018079					
1. Entity Name 2039 WILSON BOULEVARD INC.					
Principal Place of Business 1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE, FL 32308		Mailing Address 1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE, FL 32308			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-2584804	Applied For Not Applicable
6. Name and Address of Current Registered Agent DAVIE E. TODD 1801 HERMITAGE BOULEVARD STE 100 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, LYNNE M		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARALDO, MARK		NAME	Mark P. Faraldo	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75231		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALEY, EDWARD		NAME	V. Eric R. Smith	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75231		CITY-ST-ZIP		
TITLE	VAST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, REGINA		NAME		
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, STE 800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75231		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD STE 600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, G ANDREWS		NAME		
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75231		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Mark P. Faraldo</u> <u>Mark P. Faraldo, V.S 3-12-04 214980800</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

54021236



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