

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P97000071253

1. Entity Name

T.R. WILSON ENTERPRISES, INC.



Principal Place of Business

11724 HARPER LN NE
LAKEPORT, FL 33471

Mailing Address

11724 HARPER LN NE
LAKEPORT, FL 33471



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0779156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, THOMAS R
11724 HARPER LN NE
LAKEPORT, FL 33471

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000614536
02/06/07-80037-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILSON, T.R.
STREET ADDRESS 11724 HARPER LN. NE
CITY-ST-ZIP LAKEPORT, FL 33471

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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:

Thomas R Wilson

Thomas R. Wilson 1/29/07 863-6346055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #