## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000056472

Entity Name: LAURA WILSON INC

**Current Principal Place of Business:** 

629 NORTH LAKESIDE DR

LAKE WORTH, FL 33460

## **Current Mailing Address:**

629 NORTH LAKESIDE DR LAKE WORTH. FL 33460 US

FEI Number: 45-5550744 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILSON, LAURA 629 NORTH LAKESIDE DR LAKE WORTH, FL 33460 US

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

**FILED** Apr 30, 2014

**Secretary of State** 

CC4264099253

## Officer/Director Detail:

Title

Name WILSON, LAURA

Address 629 NORTH LAKESIDE DR City-State-Zip: LAKE WORTH FL 33460

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.