## 2007 FOR PROFIT CORPORATION

## Jan 08, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # 120707** 01-08-2007 90242 029 \*\*\*150.00 1. Entity Name M.E. WILSON COMPANY Principal Place of Business Mailing Address 300 WEST PLATT STREET P.O. BOX 373 TAMPA, FL 33606 TAMPA, FL 33601 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0513450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, GUY III DO NOT WRITE 300 WEST PLATT STREET SUITE 200 IN THIS SPACE TAMPA, FL 33606 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, typed or printed name of registered agent and little 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MAGNUS, JUNE F 2910 AVERILL AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 TITLE, : NAME . KING, III, GUY STREET ADDRESS 2904 BAYSHORE COURT TAMPA, FL 33611 CITY - ST- 7IP TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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:

CITY - ST - ZIP TITLE

NAME STREET ADDRESS CITY - ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**