2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# 184248

Entity Name: WILSON INSURANCE, INC.

Current Principal Place of Business:

415 N 3RD ST
JACKSONVILLE BCH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

415 N 3RD ST
JACKSONVILLE BCH, FL 32250 US

New Mailing Address:

FEI Number: 59-0733634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON JR, WILLIAM S
415 N 3RD ST
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

WILSON, WILLIAM S JR.
415 N 3RD ST
JACKSONVILLE BEACH, FL 32250 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: WILLIAM S WILSON JR 01/04/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST
Name: WILSON, WILLIAM S JR.
Address: 415 N 3RD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

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: WILLIAM S WILSON JR PST 01/04/2011
Electronic Signature of Signing Officer or Director Date