

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 228283

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WILSON AND TATHAM INSURANCE INC

**Current Principal Place of Business:**

9120 SUNSET DR.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9120 SUNSET DR.  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 59-0876446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, GARY E  
9120 SUNSET DR.  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: WILSON,CAROLYN R  
Address: 5607 RIVIERA DR.  
City-St-Zip: CORAL GABLES, FL 33146

Title: P  
Name: WILSON, GARY ERRETT  
Address: 13431 SW 108TH ST CIR N  
City-St-Zip: MIAMI, FL 33186

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: GARY E WILSON

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date