2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 316931

Entity Name: WILSON'S MACHINE PRODUCTS, INC.

Current Principal Place of Business:

1844 KENTUCKY AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1844 KENTUCKY AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1165540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, PAUL
1844 KENTUCKY AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

ADAMS, PAUL
1844 KENTUCKY AVE
WINTER PARK, FL 32789 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: PAUL ADAMS 04/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, PAUL
Address: 1844 KENTUCKY AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: LACHAPELLE, RAYMOND SR
Address: 1844 KENTUCKY AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VD ( ) Delete
Name: STEVENSON, DOUGLAS
Address: 1844 KENTUCKY AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) Delete
Name: GAIDRY, SHERRY
Address: 1844 KENTUCKY AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: BADZINSKI, GARY
Address: 1844 KENTUCKY AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: HOFFMANN, PAUL
Address: 1844 KENTUCKY AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHERRY GAIDRY STD 04/16/2008
Electronic Signature of Signing Officer or Director Date