


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90011 017 ***150.00

DOCUMENT # 329620

1. Entity Name
WILSON'S RIVIERA BUY-SELL CO.



Principal Place of Business Mailing Address

P. O. BOX 8117 P. O. BOX 8117
W PALM BCH., FL 33407 W PALM BCH., FL 33407

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FL Number 59-1211269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILSON, DOROTHY K.
505 NORTHWOOD RD.
WEST PALM BEACH, FL 33407**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 **After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, DOROTHY K. 505 NORTHWOOD RD WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WILSON, DOROTHY K. 505 NORTHWOOD RD WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILSON, LORETTA K. 505 NORTHWOOD RD WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dorothy K. Wilson* **03-27-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT # 329620



40037310

SOCIAL SECURITY

NORTHWOOD PAWN SHOP
DOROTHY K WILSON
505 NORTHWOOD RD
WEST PALM BEACH FL 33407

SOCIAL SECURITY ADMINISTRATION
WILKES-BARRE DATA OPERATIONS CTR.
1150 E. MOUNTAIN DR.
WILKES-BARRE, PA. 18702

DATE:

2-28-06

TELEPHONE NUMBER:

1-800-775-7802 EXT. 1599

THE ENCLOSED CHECK FOR \$150.00

WAS APPARENTLY SENT TO US IN ERROR. THEREFORE, WE ARE
RETURNING IT TO YOU FOR FORWARDING TO THE PROPER INDIVIDUAL
OR AGENCY.

FLORIDA DEPT OF STATE