

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

Mailing Address
**P. O. BOX 8117
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 ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

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

**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. 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:

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

FORM NO. 1-1-67 621 4-8