

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 347056

FILED
Apr 22, 2009
Secretary of State

Entity Name: JULIA WILDER LAND CORP.

Current Principal Place of Business:

155 BACOM POINT RD.
PO BOX 579
PAHOKEE, FL 33476

New Principal Place of Business:

155 BACOM POINT RD.
PAHOKEE, FL 33476

Current Mailing Address:

PO BOX 579
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 59-1351702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONLEY, ADA B
16500 SW MORGAN ROAD
INDIANTOWN, FL 34956 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WILDER, CARNEY L.
Address: 510 E. DORADO LANE
City-St-Zip: DELRAY BEACH, FL 33444

Title: STD () Delete
Name: WEBB, CAROL W
Address: 512 OVERLOOK DR.
City-St-Zip: N. PALM BCH, FL

Title: VPD () Delete
Name: WEBB, CAROL W
Address: 512 OVERLOOK DRIVE
City-St-Zip: N.PALM BCH., FL

Title: PD () Delete
Name: POSTON, CARON WILDER
Address: 2590 SUN COVE LN.
City-St-Zip: PALM BCH GRDNS., FL

Title: AS () Delete
Name: CONLEY, ADA B
Address: 16502 SW MORGAN ROAD
City-St-Zip: INDIANTOWN, FL 34956

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:

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: ADA B CONLEY

AS

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date