

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 347056

Entity Name: JULIA WILDER LAND CORP.

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

155 BACOM POINT RD.  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: AS  
Name: CONLEY, ADA B  
Address: 16502 SW MOGAN ROAD  
City-St-Zip: INDIANTOWN, FL 34956

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: ADA B CONLEY

AS

04/28/2011

Electronic Signature of Signing Officer or Director

Date