

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350453

FILED
Jan 17, 2008
Secretary of State

Entity Name: E. HAROLD WILSON, INC.

Current Principal Place of Business:

230 N INGRAHAM AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1685
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-1268739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 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: DP () Delete
Name: BISHOP, DIANNE W
Address: 230 NORTH INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: WILSON, LAVINIA S
Address: 230 NORTH INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: WILSON, HAROLD E JR
Address: 230 NORTH INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

Title: ST () Delete
Name: OUSLEY, ALISA
Address: 230 NORTH INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: KASSLER, THOMAS C
Address: 230 NORTH INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

Title: () Delete
Name:
Address:
City-St-Zip:

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: T (X) Change () Addition
Name: OUSLEY, ALISA
Address: 230 NORTH INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

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

Title: S () Change (X) Addition
Name: TUCKER, RUSTY
Address: 108 NORTH POINTE DR
City-St-Zip: AUBURNDALE, FL 33823

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: ALISA OUSLEY

Electronic Signature of Signing Officer or Director

T

01/17/2008

_____ Date