
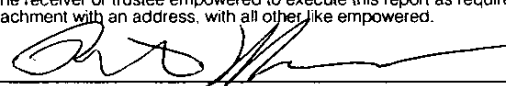


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90079 026 \*\*\*150.00

<b>DOCUMENT # 407164</b> 1. Entity Name <b>WILSON PROPERTIES OF LAKELAND, INC.</b>					
Principal Place of Business <b>RICHARD WILSON</b> <b>2607 VINEDALE AVE.</b> <b>VALRICO, FL 33594 US</b>			Mailing Address <b>P O BOX 6285</b> <b>BRANDON, FL 33508-6285 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2607 Vinedale Ave.</b>		3. Mailing Address <b>PO Box 6285</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Valrico, FL</b>		City & State <b>Brandon, FL</b>		4. FEI Number <b>59-1414343</b>	
Zip <b>33596</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33508-6005</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, RICHARD G</b> <b>2607 VINEDALE AVE.</b> <b>VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name <b>No change</b> Street Address (P.O. Box Numbers Not Acceptable) <b>Change Zipcode only</b> City <b>FL</b> Zip Code <b>33596</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WILSON, RICHARD G</b> <b>2607 VINEDALE AVE</b> <b>VALRICO, FL 33594</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Wilson, Richard G.</b> <b>2607 Vinedale Ave</b> <b>Valrico, FL 33596</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>WILSON, JANIS E</b> <b>2607 VINEDALE AVE</b> <b>VALRICO, FL 33594</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>Wilson, Janis E.</b> <b>2607 Vinedale Ave</b> <b>Valrico, FL 33596</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date <b>4/17/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>813 651-3778</b>		