

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 414674

Entity Name: WILSON LUMBER CO

FILED  
Mar 12, 2008  
Secretary of State

## Current Principal Place of Business:

11117 US 90  
MILTON, FL 32583 US

## New Principal Place of Business:

## Current Mailing Address:

11117 US HWY 90  
MILTON, FL 32583 US

## New Mailing Address:

11117 US 90  
MILTON, FL 32583 US

FEI Number: 59-1446050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, JAMES GARY  
5875 MILLER BLUFF ROAD  
MILTON, FL 32583 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: D ( ) Delete  
Name: WILSON, CLIFFORD,  
Address: 6313 DEATON BRIDGE RD  
City-St-Zip: MILTON, FL

Title: ST ( ) Delete  
Name: WILSON, SUE,  
Address: 6313 DEATON BRIDGE RD  
City-St-Zip: MILTON, FL

Title: PD (X) Delete  
Name: WILSON, JAMES GARY,  
Address: 5825 MILLER BLUFF ROAD  
City-St-Zip: MILTON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILSON, JAMES GARY,  
Address: 5875 MILLER BLUFF RD  
City-St-Zip: MILTON, FL 32583

Title: D (X) Change ( ) Addition  
Name: WILSON, FRANKLIN A  
Address: 5900 MILLER BLUFF RD  
City-St-Zip: MILTON, FL 32583

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: JAMES G WILSON

PD

03/12/2008

Electronic Signature of Signing Officer or Director

Date