

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 468392

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** WILSON MOBILE HOME SALES, INC.

**Current Principal Place of Business:**

1208 E. WADE STREET  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

1208 E. WADE STREET  
TRENTON, FL 32693

**New Mailing Address:**

**FEI Number:** 59-1577766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, MARC  
9420 SW CR 319  
TRENTON, FL 32693 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: PD ( ) Delete  
Name: WILSON, MARC  
Address: 9420 SE CR 319  
City-St-Zip: TRENTON, FL 32693 US

Title: VP ( ) Delete  
Name: CHAILLE J. WILSON,  
Address: 9420 SE CR 319  
City-St-Zip: TRENTON, FL 32693 US

Title: ST ( ) Delete  
Name: WILSON, MURRAY  
Address: 9209 SE CR 319  
City-St-Zip: TRENTON, FL 32693 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: WILSON, CHAILLE J  
Address: 9420 SE CR 319  
City-St-Zip: TRENTON, FL 32693 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** CHAILLE J. WILSON

VP

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date