

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 019 ***150.00

DOCUMENT # 570853

1. Entity Name

WILDER ENTERPRISES, INC.



Principal Place of Business

99 BAYBRIDGE RD
GULF BREEZE FL 32561
US

Mailing Address

PO BOX 579
GULF BREEZE FL 32562-0579
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1816811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDER, HARRISON M
412 NORTH SUNSET
GULF BREEZE FL 32561
208 SABINE DRIVE
PENSACOLA BEACH, FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **WILDER, HARRISON M**
STREET ADDRESS **412 NORTH SUNSET BLVD. 208 SABINE DR -**
CITY-ST-ZIP **GULF BREEZE FL 32561 PENSACOLA BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 (850) 324-2843

Date

Daytime Phone