

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 578403

FILED
Mar 14, 2012
Secretary of State

Entity Name: WILSON AND WILSON OPTICIANS, INC.

Current Principal Place of Business:

110 SOLANA ROAD
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

110 SOLANA ROAD
PONTE VEDRA, FL 32082 US

New Mailing Address:

FEI Number: 59-1839475 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILSON, KELLY E.
110 SOLANA ROAD
PONTE VEDRA, FL 32082 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

OFFICERS AND DIRECTORS:

Title: VPST
Name: WILSON, KELLY E.
Address: 110 SOLANA RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P
Name: DAVENPORT, RUTH
Address: 110 SOLANA RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VSPT
Name: MACBLAIN, CAROL A
Address: 308 TWIN LEAF COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: VSPT
Name: WILSON, WARREN E
Address: 110 SOLANA ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VSPT
Name: WILSON, WHITNEY J
Address: 110 SOLANA ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VSPT
Name: DAVENPORT, DAISY E
Address: 110 SOLANA ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: KELLY E. WILSON

VSPT

03/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date