

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 666436

1. Entity Name  
CLAUDE-BJ WILSON, INC.



**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1435 HACKL BLVD.  
C/O CLAUDE E. WILSON  
BARTOW, FL 33830

Mailing Address  
1435 HACKL BLVD.  
C/O CLAUDE E. WILSON  
BARTOW, FL 33830



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2003514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, CLAUDE E.  
1435 HACKL BLVD.  
BARTOW, FL 33830

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000072175  
03/01/04-80100-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILSON, CLAUDE E. 1435 HACKL BLVD. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, BETTY JO 1435 HACKL BLVD. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FREDAHL, SARA JANE 1435 HACKL BLVD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: CLAUDE E. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-04 Date

863-533-3587 Daytime Phone #