

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 679093

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** JEFFREY M. WILDE, BUILDER, INC.

**Current Principal Place of Business:**

13586 NW 8TH ROAD  
NEWBERRY, FL 32669

**New Principal Place of Business:**

9304 SW 32ND PL  
GAINESVILLE, FL 32608

**Current Mailing Address:**

P.O. BOX 13421  
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number:** 59-1973373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILDE, DOUGLAS R  
9304 SW 32ND PLACE  
GAINESVILLE, FL 32608 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: DP  
Name: WILDE, JEFFREY M  
Address: 6532 SW 90 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: DV  
Name: WILDE, DOUGLAS R  
Address: 9304 SW 32 PLACE  
City-St-Zip: GAINESVILLE, FL 32608

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: DOUGLAS R. WILDE

DV

01/04/2011

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

\_\_\_\_\_  
Date