

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 837200

1. Entity Name
WILDER CORPORATION OF DELAWARE



Principal Place of Business
**3000 GULF TO BAY BLVD
6TH FLOOR
CLEARWATER, FL 33759 US**

Mailing Address
**3000 GULF TO BAY BLVD
6TH FLOOR
CLEARWATER, FL 33759 US**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
37-0857520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILDER, M. F.
3000 GULF TO BAY BLVD
6 FL
CLEARWATER, FL 33759**

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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 _____

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

(NOTE: Registered Agent signature required when re/instating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WILDER, MAURICE 300 GULF TO BAY BLVD, 6 FL CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, COLBY M 3000 GULF TO BAY BLVD, 6 FL CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV CAROTENUTO, MARY 3000 GULF TO BAY BLVD 6TH FLOOR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80106-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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

Date _____

Daytime Phone # _____