

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000687

FILED
Jan 08, 2008
Secretary of State

Entity Name: WILDLAW, INC.

Current Principal Place of Business:

8116 OLD FEDERAL ROAD
SUITE C
MONTGOMERY, AL 36117

New Principal Place of Business:

Current Mailing Address:

8116 OLD FEDERAL ROAD
SUITE C
MONTGOMERY, AL 36117

New Mailing Address:

FEI Number: 72-1373006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABEN, BRETT
1415 DEVILS DIP
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

PABEN, BRETT
233 3RD STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33701 US

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:

01/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOOTEN, MATT
Address: 3046 BANKHEAD AVE
City-St-Zip: MONTGOMERY, AL 36106

Title: VD () Delete
Name: AYERS, HARVARD DR.
Address: 150 KELLWOOD DRIVE
City-St-Zip: BOONE, NC 28607

Title: D () Delete
Name: RICHARDSON, JEFF
Address: 8500 LITTLE SCENIC LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Delete
Name: SPICER, DEBORAH
Address: 100 COMMERCE ST
City-St-Zip: MONTGOMERY, AL 36104

Title: D () Delete
Name: LEWIS, ROBIN
Address: 23797 NE 189TH STREET
City-St-Zip: SLAT SPRINGS, FL 32134

Title: PD () Delete
Name: MARSHALL, LAMAR
Address: WARRIOR MTN TRADING POST
City-St-Zip: MOULTON, AL 35650

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LEWIS, ROBIN
Address: 23797 NE 189TH STREET
City-St-Zip: SLAT SPRINGS, FL 32134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY VAUGHAN

ED

01/08/2008

Electronic Signature of Signing Officer or Director

Date