


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # F02050</b>					
1. Entity Name <b>WILSON MACHINE &amp; WELDING WORKS, INC.</b>					
Principal Place of Business <b>5760 US 1 NORTH ST. AUGUSTINE FL 32095</b>			Mailing Address <b>5760 US 1 NORTH ST. AUGUSTINE FL 32095</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2069830</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>BOLES, JOSEPH JR. 120 CHARLOTTE STREET ST. AUGUSTINE FL 32084</b>				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>WILSON, MARVIN J.</b>		NAME		
STREET ADDRESS	<b>10025 RUSSELL SAMPSON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>WILSON, JANICE R.</b>		NAME		
STREET ADDRESS	<b>10025 RUSSELL SAMPSON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>WILSON, JON K</b>		NAME		
STREET ADDRESS	<b>10055 RUSSELL SAMPSON RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>WILSON, TODD M</b>		NAME		
STREET ADDRESS	<b>10070 RUSSELL SAMPSON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE

CR2E034 (10/05)

59-2069830

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**BOLES, JOSEPH JR.  
120 CHARLOTTE STREET  
ST. AUGUSTINE FL 32084**

Name

Street Address (P O. Box Number is Not Acceptable)

City

**FL**

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WILSON, MARVIN J.</b>	
STREET ADDRESS	<b>10025 RUSSELL SAMPSON RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WILSON, JANICE R.</b>	
STREET ADDRESS	<b>10025 RUSSELL SAMPSON RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>WILSON, JON K</b>	
STREET ADDRESS	<b>10055 RUSSELL SAMPSON RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>WILSON, TODD M</b>	
STREET ADDRESS	<b>10070 RUSSELL SAMPSON RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

Date

904-929-3735

Daytime Phone #