

# 2007 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02050**

1. Entity Name

WILSON MACHINE & WELDING WORKS, INC.



Principal Place of Business  
5760 US 1 NORTH  
ST. AUGUSTINE FL 32095

Mailing Address  
5760 US 1 NORTH  
ST. AUGUSTINE FL 32095



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2069830

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

(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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME WILSON, MARVIN J.  
STREET ADDRESS 10025 RUSSELL SAMPSON RD  
CITY ST ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition  
000000628152  
02/16/07-80003-018 150.00

TITLE S  
NAME WILSON, JANICE R.  
STREET ADDRESS 10025 RUSSELL SAMPSON RD  
CITY ST ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE VP  
NAME WILSON, JON K  
STREET ADDRESS 10055 RUSSELL SAMPSON RD.  
CITY ST ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE T  
NAME WILSON, TODD M  
STREET ADDRESS 10070 RUSSELL SAMPSON RD  
CITY ST ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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:

*John K. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-05-06