2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006417

1. Entity Name
WILSON FIRST MORTGAGE, INC.

Principal Place of Business	Mailing Address
519 HERITAGE ROAD, STE. 2A-5 SOUTHBURY, CT 06488	519 HERITAGE ROAD, STE. 2A-5 SOUTHBURY, CT 06488

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1526764

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, CHARLES B
515 SEABREEZE BLVD., STE. 529
FORT LAUDERDALE, FL 33316

DO NOT WRITE 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: Charles B. Wilson 4/26/2006
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

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

U00000543361
05/10/06-80135-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCSD
NAME	WILSON, CHARLES
STREET ADDRESS	40 HULLS HILL ROAD
CITY-ST-ZIP	SOUTHBURY, CT 06488
TITLE	VPCT
NAME	WILSON, BONNIE
STREET ADDRESS	40 HULLS HILL ROAD
CITY-ST-ZIP	SOUTHBURY, CT 06488
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Charles B. Wilson 4/26/2006 203 262-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Charles Wilson