

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005317

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** WILSON MORTGAGE SERVICES, INC.

**Current Principal Place of Business:**

1259 S CEDAR CREST BLVD STE 336  
ALLENTOWN, PA 18103

**New Principal Place of Business:**

10590 GLEN LAKES DR  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

1259 S CEDAR CREST BLVD STE 336  
ALLENTOWN, PA 18103

**New Mailing Address:**

10590 GLEN LAKES DR  
BONITA SPRINGS, FL 34135

**FEI Number:** 23-2923359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

G.R. ROBBINS AND ASSOCIATES, P.A.  
3375-C CAPITAL CIR NE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

WILSON MORTGAGE  
10590 GLEN LAKES DR  
BONITA SPRINGS, FL 34135 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:** EILEEN WILSON

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILSON, EILEEN  
**Address:** 10590 GLEN LAKES DR  
**City-St-Zip:** BONITA SPRINGS, FL 34135

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** EILEEN J WILSON

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date