

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000001050

1. Entity Name

DOUGLAS WILSON COMPANIES INC



Principal Place of Business
450 B STREET, STE. 1900
SAN DIEGO, CA 92101

Mailing Address
450 B STREET, STE. 1900
SAN DIEGO, CA 92101

FILED

07 SEP 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS



08242007 No Chg-P CR2E034 (11/05)

4. FEI Number

33-0498174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPST
WILSON, DOUGLAS P.
450 B STREET, STE. 1900
SAN DIEGO, CA 92101

TITLE
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700109660867
09/19/07--01049--015 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/07 696411141
Date Daytime Phone #