


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F39771 1. Entity Name T. F. WILSON REALTY, INC.	
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Principal Place of Business 140 S. ATLANTIC AVE SUITE 203 ORMOND BEACH, FL 32176 US	Mailing Address 140 S. ATLANTIC AVE SUITE 203 ORMOND BEACH, FL 32176 US
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2098223	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, TYREE F JR
140 S. ATLANTIC AVE
SUITE 203
ORMOND BEACH, FL 32176

**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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WILSON, TYREE 140 S. ATLANTIC AVE., SUITE 203 ORMOND BEACH, FL 32176
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GALLOWAY, CINDY 140 S. ATLANTIC AVE., SUITE 203 ORMOND BEACH, FL 32176
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04262004 04-30153-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tyree Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0428-04
Date

386-672-8530
Daytime Phone #