## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 08, 2007 08:00 AM Secretary of State

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1. Entity Name

RICHARD H. WILSON, P.A.



Principal Place of Business

215 VERNE ST., #A P.O. BOX 709 TAMPA, FL 33601-0709 Mailing Address

215 VERNE ST., #A P.O. BOX 709 TAMPA, FL 33601-0709



CR2E034 (11/05)

Fee Required

## DO NOT WRITE IN THIS SPACE

			`	,
4.	FEI Number	•		Applied For
	59-2148227			Not Applicable
5.	Certificate of Status Desired		\$8.75	Additional

6. Name and Address of Current Registered Agent

WILSON, RICHARD H. 215 VERNE ST., #A TAMPA, FL 33606

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

1-4-07

813-253-2555

Daylime Phone #

No Cha-P

01042007

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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RICHARD H 215 VERNE ST. SUITE A TAMPA, FL				000000577292 01/08/07-80010-019 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$\Lambda_{l}$ ,							
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 supplier 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 receipter 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.								

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Wilson