2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# F96000001728

Entity Name: STEVEN A WILSON, INC.

Current Principal Place of Business:

969 KEYSTONE WAY
120
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

PO BOX 649
CARMEL, IN 46082

New Mailing Address:

FEI Number: 35-1298880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, SHARON L
3202 SEDGE PLACE
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, STEVEN A
Address: P.O. BOX 649, 969 KEYSTONE WAY
City-St-Zip: CARMEL, IN 46082

Title: SEC ( ) Delete
Name: WILSON, SHARON L
Address: P. O. BOX 649, 969 KEYSTONE WAY
City-St-Zip: CARMEL, IN 46082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON L. WILSON SEC 02/02/2009

Electronic Signature of Signing Officer or Director — Date