

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004615

FILED
Jan 14, 2006
Secretary of State

Entity Name: WILSON PROPERTIES OF GEORGIA, INC.

Current Principal Place of Business:

682 NICKS ROAD
MEBANE, NC 27302

New Principal Place of Business:

Current Mailing Address:

682 NICKS ROAD
MEBANE, NC 27302

New Mailing Address:

FEI Number: 58-1844293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOVER, WILLIAM T
1401 NE 10 ST
POMPANO BEACH, FL 33060 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: PC () Delete
Name: CROWSON, SARAH T
Address: 682 NICKS ROAD
City-St-Zip: MEBANE, NC 27302

Title: S () Delete
Name: CROWSON, THOMAS B
Address: 682 NICKS ROAD
City-St-Zip: MEBANE, NC 27302

Title: AS () Delete
Name: BAHLER, CARLENE T
Address: 3302 ELMORE DRIVE
City-St-Zip: ALEXANDRIA, VA 22302

Title: VP () Delete
Name: COX, EVELYN S
Address: 1621 NORTH LAKE DR
City-St-Zip: CANTON, GA 30115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SARAH T. CROWSON

PRES

01/14/2006

Electronic Signature of Signing Officer or Director

Date