


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 010 ***150.00

DOCUMENT # F98000004615 1. Entity Name WILSON PROPERTIES OF GEORGIA, INC.					
Principal Place of Business 682 NICKS ROAD MEBANE, NC 27302			Mailing Address 682 NICKS ROAD MEBANE, NC 27302		
2. Principal Place of Business - No P.O. Box # 3133 CEDAR PARK ROAD		3. Mailing Address 3133 CEDAR PARK ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GREENSBORO, NC		City & State GREENSBORO, NC		4. FEI Number 58-1844293	
Zip 27405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOVER, WILLIAM T 1401 NE 10 ST POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CROWSON, SARAH T 682 NICKS ROAD MEBANE, NC 27302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 E. FAIRFIELD ROAD HIGH POINT, NC 27263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWSON, THOMAS B 682 NICKS ROAD MEBANE, NC 27302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 E. FAIRFIELD ROAD HIGH POINT, NC 27263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAHLER, CARLENE T 3302 ELMORE DRIVE ALEXANDRIA, VA 22302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COX, EVELYN S 1621 NORTH LAKE DR CANTON, GA 30115 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Sarah T. Crowson* 1-31-07 336-456-7442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #