

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004615

FILED  
Jun 11, 2008  
Secretary of State

Entity Name: WILSON PROPERTIES OF GEORGIA, INC.

**Current Principal Place of Business:**

3133 CEDAR PARK RD  
GREENSBORO, NC 27405

**New Principal Place of Business:**

1892 TROX STREET  
GREENSBORO, NC 27406

**Current Mailing Address:**

3133 CEDAR PARK RD  
GREENSBORO, NC 27405

**New Mailing Address:**

1892 TROX STREET  
GREENSBORO, NC 27406

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: CROWSON, SARAH T  
Address: 801 E FAIRFIELD RD  
City-St-Zip: HIGH POINT, NC 27263

Title: S ( ) Delete  
Name: CROWSON, THOMAS B  
Address: 801 E. FAIRFIELD RD  
City-St-Zip: HIGH POINT, NC 27263

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

Title: VP (X) 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: VP (X) Change ( ) Addition  
Name: CROWSON, THOMAS B  
Address: 801 E FAIRFIELD RD  
City-St-Zip: HIGH POINT, NC 27263

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: SARAH T. CROWSON

PRES

06/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date