

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004615

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** WILSON PROPERTIES OF GEORGIA, INC.

**Current Principal Place of Business:**

133 MOUNTAIN VIEW DRIVE  
PILOT MOUNTAIN, NC 27041

**New Principal Place of Business:**

**Current Mailing Address:**

133 MOUNTAIN VIEW DRIVE  
PILOT MOUNTAIN, NC 27041

**New Mailing Address:**

PO BOX 1395  
PILOT MOUNTAIN, NC 27041

**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  
1009 HILLSBORO MILE  
HILLSBORO BEACH, FL 33062 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

**OFFICERS AND DIRECTORS:**

**Title:** PC  
**Name:** CROWSON, SARAH T  
**Address:** 133 MOUNTAIN VIEW DRIVE  
**City-St-Zip:** PILOT MOUNTAIN, NC 27041

**Title:** S  
**Name:** CROWSON, THOMAS B  
**Address:** 133 MOUNTAIN VIEW DRIVE  
**City-St-Zip:** PILOT MOUNTAIN, NC 27041

**Title:** VP  
**Name:** CROWSON, THOMAS B  
**Address:** 133 MOUNTAIN VIEW DRIVE  
**City-St-Zip:** PILOT MOUNTAIN, NC 27041

I hereby 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 all other like empowered.

**SIGNATURE:** SARAH T CROWSON

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date