

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12060

FILED
Jan 22, 2009
Secretary of State

Entity Name: WILSON PRINTING, INC.

Current Principal Place of Business:

% CARL WILSON
213 AVENUE G., SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

% CARL WILSON
213 AVENUE G., SW
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2238994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CARL D
1878 WOODPOINTE DR
WINTER HAVEN, FL 33884 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: PD () Delete
Name: WILSON, CARL D,
Address: 1878 WOODPOINTE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: STD () Delete
Name: WILSON, ELOISE S,
Address: 4171 ABERDEEN LANE
City-St-Zip: LAKE WALES, FL 33859

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: CARL D WILSON

_____ Electronic Signature of Signing Officer or Director

P

01/22/2009

_____ Date