2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G94065 1. Entity Name

WILSON SALES COMPANY

Principal Place of Business

1276 GREYBROOKE PLACE OLDSMAR, FL 34677-5115 US Mailing Address

1276 GREYBROOKE PLACE OLDSMAR, FL 34677-5115 US

## FILED Apr 10, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

2008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2914382

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JEREMIAH J. JR. 1276 GREYBROOKE PLACE OLDSMAR, FL 34677-5115

## DO NOT WRITE IN THIS SPACE

|   |  |   | IN THIS SPACE     |                            |  |
|---|--|---|-------------------|----------------------------|--|
| the obligat   | tions of registered agent.   | ourpose of changing its register                                      | fed office or re  | egistered agent, or bo     | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_  | Signature, typed or printed name of registered agent and title i             | if applicable (NOTE: Registers  | d Agent signature | required when reinstating) | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |                   |                            |  |
| 10.   | OFFICERS AND DIREC   | CTORS   | <u> </u>          | ·····                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | PD<br>WILSON, JEREMIAH, J. JR.<br>1276 GREYBROOKE PLACE<br>OLDSMAR, FL 34677 |   | H22622000000 40   |                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | ST<br>WILSON, JUDITH A.<br>1276 GREYBROOKE PLACE<br>OLDSMAR, FL 34677        |   |                   |                            | U00000889046<br>04/22/08-80039-001 150.00                    |
| TITLE NAME STREET AODRESS CITY-ST-ZIP                                 |  |   |                   | DO                         | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   | IN THIS SPACE     |                            |  |
| TITLE NAME STREET ADDRESS   |  |   |                   | • •                        |  |

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 a higher like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED DE PRINTED NAME OF SIGNI

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727-787-4967

Daytime Phone #