

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90316 007 ***150.00

DOCUMENT # H45641

1. Entity Name

WILDER DEVELOPMENT CORPORATION



Principal Place of Business

**C/O 3000 GULF TO BAY BLVD., 6TH FLOOR
CLEARWATER FL 33759
US**

Mailing Address

**C/O 3000 GULF TO BAY BLVD., 6TH FLOOR
CLEARWATER FL 33759
US**

34030044



2. Principal Place of Business

3. Mailing Address

~~Suite, Apt. #, etc.~~

~~Suite, Apt. #, etc.~~

MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number

59-3036818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDER, MAURICE F.
3000 GULF TO BAY BLVD
6 FL
CLEARWATER FL 33759**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
WILDER, MAURICE F.
3000 GULF TO BAY BLVD, 6 FL
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
WILDER, COLBY M
3000 GULF TO BAY BLVD, 6 FL
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
CAROTENUTO, MARY
3000 GULF TO BAY BLVD-6TH FLR
CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Carotenuto 4/8/04 727-799-2111