


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H45641</b> 1. Entity Name <b>WILDER DEVELOPMENT CORPORATION</b>	
---	---

Principal Place of Business <b>C/O 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL 33759 US</b>	Mailing Address <b>C/O 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL 33759 US</b>
---	---



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3036818</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>WILDER, MAURICE F. 3000 GULF TO BAY BLVD 6 FL CLEARWATER, FL 33759</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, COLBY M 3000 GULF TO BAY BLVD, 6 FL CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CAROTENUTO, MARY 3000 GULF TO BAY BLVD-6TH FLR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000329095  
04/25/05-60106-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 # \_\_\_\_\_