

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90568 033 ***150.00

DOCUMENT # H68111
 1. Entity Name
WILSON'S CLEANING AND TRACTOR SERVICE, INC.



Principal Place of Business
**18140 BENES ROUSH RD.
 BROOKSVILLE, FL 34609**

Mailing Address
**18140 BENES ROUSH RD.
 BROOKSVILLE, FL 34609**

DO NOT WRITE IN THIS SPACE

60036468



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2574453	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WILSON, HILDA
 18140 BENES ROUSH RD.
 BROOKSVILLE, FL 34609**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD WILSON, WILLIE F. 18140 BENES ROUSH RD. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILSON, HILDA M. 18140 BENES ROUSH RD. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, HILDA M. 18140 BENES ROUSH RD. BROOKSVILLE, FL
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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: Hilda M. Wilson HILDA M. WILSON 4/14/05 (352) 799-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #