


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

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



07072006 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 59-2574453 | Applied For Not Applicable |
| 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

**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)
U000000571427
07/20/06-80008-013 150.00
DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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|--|---|
| 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 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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 an address, with all other life empowered.

SIGNATURE:  HILDA M. WILSON 7-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #