

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # H78685

1. Entity Name  
DON WILSON FINANCIAL CORPORATION



Principal Place of Business  
9560-11 LEM TURNER RD  
JACKSONVILLE, FL 32208

Mailing Address  
9560-11 LEM TURNER RD  
JACKSONVILLE, FL 32208



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2599523

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, MABEL L.  
9060 LEM TURNER ROAD  
JACKSONVILLE, FL 32208

**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

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, 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	D WILSON, DON 9060 LEM TURNER RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILSON, MABEL L. 9060 LEM TURNER RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, DONALD L. 9060 LEM TURNER RD JACKSONVILLE, FL
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U000000298295  
04/11/05-80062-015 150.00

**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:

*Mabel L. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

*4-6-05*

Date

Daytime Phone #

*204 2682507*