


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90309 016 ***150.00

DOCUMENT # J16015 1. Entity Name WILSON & BUIST, INC.			
Principal Place of Business 3467 W HILLSBORO BLVD SUITE 6 DEERFIELD BEACH FL 33442 US		Mailing Address 3467 W HILLSBORO BLVD SUITE 6 DEERFIELD BEACH FL 33442 US	
2. Principal Place of Business 654 S. military trail		3. Mailing Address 654 S. military trail	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442		Zip 33442	
Country USA		Country USA	
4. FEI Number 59-2682982		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUIST, THOMAS B. 1498 SW 5TH COURT BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BUIST, THOMAS B.	<input type="checkbox"/> Delete	
STREET ADDRESS 1498 SW 5TH CT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BOCA RATON FL			
TITLE VPS	NAME SAPINO, MARK	<input type="checkbox"/> Delete	
STREET ADDRESS 3467 W HILLSBORO BLVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP DEERFIELD BEACH FL 33442			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Thomas B Buist **Thomas B. Buist** 4/4 /06 (954) 426-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #