## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 22, 2005 8:00 am Secretary of State DOCUMENT # J66663 1. Entity Name 02-22-2005 90032 002 \*\*\*150.00 WILSON DEVELOPMENT, INC. OF STUART Principal Place of Business Mailing Address 3082 SOUTHEAST JAY ST. 3082 SOUTHEAST JAY ST. 50017799 STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business 3. Mailing Address 400 NE Savanna 1400 NE Savanna Suite, Apt. #, etc Suite, Apt. #, etc 01042005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For <u>jensen</u> ensen **s**each 59-2816692 Not Applicable Country Martin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 1540 NE Seahorse Pace 3082 S.E. JAY STREET STUART, FL 34997 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 re gistered agent. Donlyuson 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Addition ☐ Chance WILSON, DONALD L. NAME NAME 1540 NE SEAHORSE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition WILSON, DONALD JAMES NAME STREET ADDRESS 1530 NE SEAHORSE PLACE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition WILSON, JACQUELINE NAME NAME STREET ADDRESS 1540 NE SEAHORSE PLACE STREET ADDRESS CITY-ST-ZIP JERSEN BEACH, FL 34957 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED**