


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J66663**  
 1. Entity Name  
**WILSON DEVELOPMENT, INC. OF STUART**



Principal Place of Business      Mailing Address  
 1400 NE SAVANNA RD      1400 NE SAVANNA RD  
 JENSEN BEACH, FL 34957      JENSEN BEACH, FL 34957



01122006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2816692**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 WILSON, DONALD L.  
 1540 NE SEAHORSE PLACE  
 JENSEN BEACH, FL 34957

**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 reappointing)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing        **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WILSON, DONALD L.
STREET ADDRESS	1540 NE SEAHORSE PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	VD
NAME	WILSON, DONALD JAMES
STREET ADDRESS	1530 NE SEAHORSE PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	SD
NAME	WILSON, JACQUELINE
STREET ADDRESS	1540 NE SEAHORSE PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000388063  
 01/19/06-80066-002 150.00

**DO NOT WRITE 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 any other like empowered.

SIGNATURE: Donald L. Wilson, President      1/12/06      772 2857362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #