

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State

06-20-2007 90001 006 ***150.00

DOCUMENT # K08995 1. Entity Name WILSON'S TAX SERVICE, INC.					
Principal Place of Business 7855 ARGYLE FOREST BLVD 204 JACKSONVILLE, FL 32244			Mailing Address 7855 ARGYLE FOREST BLVD 204 JACKSONVILLE, FL 32244		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent WILSON, JESSE JR. 8641 CHARLESGATE CIRCLN N JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name PSDT DIANA S. BAIROS Street Address (P.O. Box Number is Not Acceptable) 7855 ARGYLE FOREST BLVD. # 204 City JACKSONVILLE FL Zip Code 32244	
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 <u><i>Diana S. Bairos</i></u> DATE <u>6/8/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, JESSE JR. 8641 CHARLESGATE CIR. NORTH JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA S. BAIROS 7855 ARGYLE FOREST BLVD. 204 JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u><i>Diana S. Bairos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>6/8/07</u> <u>904-317-4784</u> <small>Date Daytime Phone #</small>		

40121130



06082007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2809545
Applied For
Not Applicable

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