

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72385

Entity Name: W.D. WILSON, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

3005 54TH STREET SOUTH
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3005 54TH STREET SOUTH
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-2952060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, WILLIAM D, JR.
6820 POTTS RD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

WILSON, WILLIAM D, JR.
10430 ASHLEY OAKS DR
RIVERVIEW, FL 33569 US

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.

SIGNATURE:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, WILLIAM D, JR.
Address: 6820 POTTS RD
City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete
Name: WILSON, JACQUELINE
Address: 6820 POTTS RD
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: WILSON, WILLIAM D 111
Address: 12603 SILVER PINE DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: BROWN, PAIGE
Address: 6820 POTTS RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, WILLIAM D, JR.
Address: 10430 ASHLEY OAKS DR
City-St-Zip: RIVERVIEW, FL 33569

Title: STD (X) Change () Addition
Name: WILSON, JACQUELINE
Address: 10430 ASHLEY OAKS DR
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, PAIGE
Address: 10908 MCMULLEN LP
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D WILSON JR

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date