2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# L05000047226

Entity Name: JOHN W. WILSON, LLC

Current Principal Place of Business:

2115 DONALD AVE
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

2115 DONALD AVE
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 20-3054065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, JOHN W
2115 DONALD AVE
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILSON, JOHN W
Address: 2115 DONALD AVE
City-St-Zip: FORT PIERCE, FL 34946

Title: MGR ( ) Delete
Name: WILSON, SHARON D
Address: 2115 DONALD AVE
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WILSON, SHARON D
Address: 2115 DONALD AVE
City-St-Zip: FORT PIERCE, FL 34946

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHARON WILSON MGRM 02/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date