2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# M64302

Entity Name: WILSON & TAYLOR, INC.

Current Principal Place of Business:

136 SOUTH HOLIDAY ROAD
SUITE G
MIRAMAR BEACH, FL 32250 US

New Principal Place of Business:

1890 SCENIC GULF DR
MIRAMAR BEACH, FL 32250 US

Current Mailing Address:

136 SOUTH HOLIDAY ROAD
SUITE G
MIRAMAR BEACH, FL 32250 US

New Mailing Address:

1890 SCENIC GULF DR
MIRAMAR BEACH, FL 32250 US

FEI Number: 59-2863604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, WILLIAM N II
136 SOUTH HOLIDAY RD
SUITE G
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

WILSON II, WILLIAM N
1890 SCENIC GULF DR
MIRAMAR BEACH, FL 32550 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: WILLIAM N WILSON II 03/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete
Name: WILSON, NORVILLE E,, JR
Address: 136 S HOLIDAY RD STE G
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VPTD ( ) Delete
Name: WILSON, CLARE T,
Address: 136 S HOLIDAY RD STE G
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: PD ( ) Delete
Name: WILSON, WILLIAM N II
Address: 136 S HOLIDAY RD STE G
City-St-Zip: MIRAMAR BEACH, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change ( ) Addition
Name: WILSON JR, NORVILLE E
Address: 1890 SCENIC GULF DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VPTD (X) Change ( ) Addition
Name: WILSON, CLARE T
Address: 1890 SCENIC GULF DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: PD (X) Change ( ) Addition
Name: WILSON, II, WILLIAM N
Address: 1890 SCENIC GULF DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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 N WILSON II PD 03/26/2009
Electronic Signature of Signing Officer or Director Date