

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90281 035 ****61.25

DOCUMENT # N00000001605

1. Entity Name
WILSON ECONOMIC, INC.



Principal Place of Business
3025 DODGE ST.
TAMPA, FL 33605

Mailing Address
3025 DODGE ST.
TAMPA, FL 33605

14017116



2. Principal Place of Business
Wilson Economics, Inc.
Suite, Apt. #, etc.
3205 Dodge street.

3. Mailing Address
3205 Dodge Street
Suite, Apt. #, etc.

05032005 Chg-NP CR2E037 (10/03)

City & State
Tampa Florida
Zip
33605

City & State
Tampa Florida
Zip
33605

4. FEI Number
59-3630118
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, NAMON
3025 DODGE ST.
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, NAMON	
STREET ADDRESS	3025 DODGE ST.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	WATLEY, VIOLET	
STREET ADDRESS	P.O. BOX 2684	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	MULDROW, ERMA	
STREET ADDRESS	3611 ESAT HENRY AVE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	WILSON, BYRON	
STREET ADDRESS	3025 DODGE ST.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	WILSON, VALERIE	
STREET ADDRESS	3025 DODGE ST.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROMA D SR	
STREET ADDRESS	1106 GERSHALL AVE	
CITY-ST-ZIP	PITTEGROVE, NJ 08302	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	N/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Valerie	
STREET ADDRESS	3205 Dodge Street	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	T/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Muldrow, Erma	
STREET ADDRESS	7751 119th Avenue East	
CITY-ST-ZIP	Parrish, Florida 34219	
TITLE	S/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watley, V. Monique	
STREET ADDRESS	P.O. Box 2684	
CITY-ST-ZIP	Vineland, NJ 08360	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Roma D. Sr.	
STREET ADDRESS	1106 Gershal Avenue	
CITY-ST-ZIP	Pittsgrrove, NJ 08302	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: V. E. M. Muldrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 856-182-0949
Date Daytime Phone #