## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 06, 2007 8:00 am Secretary of State

Change

☐ Addition

DOCUMENT # N0000001605  1. Entity Name WILSON ECONOMIC, INC.					0010 036 ****7	0.00		
Principal Place of Business 3205 DODGE STREET TAMPA, FL 33605	WILSO 3205	Address ON ECONOMICS, INC DODGE STREET A, FL 33605			11111111111111111111111111111111111111			
2. Principal Place of Business #10 P.Q. Box # 2 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.								
					hg-NP (	CR2E037 (12/06)		
Parsish FL		& State Ampa		4. FEI Number 59-363011	18	<del></del>	pplied For at Applicable	
34219 Country	S F		Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Add	7. Name and Address of New Registered Agent			
WILSON, NAMON 3205 DODGE ST				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33605				==== (19th 1 Sa +				
			City	(21 (11)	- gany	FL ZZ	ス う/01	
	·	<del></del>						
8. The above named entity submits this :	statement for the purpo	se of changing its reg	gistered office or re	gistered agent, or byth, in	the State of Florid	la. I am familiar with,	and accept	
the obligations of registered agent.	statement for the purpo	ose of changing its reg	gistered office of re	gistered agent, or bith, in	the State of Florid	la. I am familiar with,	and accept	
	arow-Dir	see of changing its reg	gistered office of re	gistered agent, or byth, in	the State of Florid	a. I am familiar with,	and accept	
the obligations of registered agent.	arow-Dir	ector/Tre	gistered office of re	aner July	the State of Florid	a.   am familiar with,	and accept	
SIGNATURE EQMA DIVIDED SIGNATURE Signature, typed or printed name of rough Filling Fee is \$61.25  Due by September 14	egistered agent and title if applie	ector/Tre	ASWC ignitive disparations are signature.	aner July	Mak	a.   am familiar with,		
SIGNATURE CAMA Signature, typed or printed name of recommendation of the signature of the s	arow-Div	cable. (NO1E: Re)  9. Election Campa Trust Fund Cont	igistered Agent signature aign Financing tribution.	Sured when reinstating \$5.00 May Be	Mak Florida	DATE 13 67  e check payable to Department of St.  AND DIRECTORS IN	o tate	
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SIGNATURE Signature, typed or printed name of relining Fee is \$61.25  Due by September 14  OFFICE  TITLE  NAME  WILSON, NAMON  STREET ADDRESS  CITY-ST-ZIP  NAME  WILSON, VALERIE  STREET ADDRESS  CITY-ST-ZIP  TAMPA, FL 33605  TITLE  NAME  WILSON, VALERIE  STREET ADDRESS  CITY-ST-ZIP  TAMPA EL 32605  TITLE  NAME  MULDROW, ERMA	registered agent and title if applies, 2007	9. Election Campa Trust Fund Cont	eign Financing tribution.  11.  TITLE PAD WAME STREET ADDRESS CITY-SI-ZIP TITLE VADA STREET ADDRESS CITY-SI-ZIP THE DATA MAME THE DATA MAME MAME THE DATA MA	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  If Son, Namon  B WChistnut  Uneland  Ulton, Valetie  By Chestnut  Vineland  Vineland  Namon  Manuel  Manu	Mak Florida ES TO OFFICERS MANE # 215 NS 08 E Hue #215 ()	e check payable to Department of St.  AND DIRECTORS IN Change (Po. Box 2)  360  [E Change 2)  Change 2)	10	
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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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: VIA TURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR 1 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR 1 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR 1 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR 1 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DI

☐ Delete

1106 GERSHAL AVE

PITTSGROVE, NJ 08302

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE\*