

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-06-2007 90010 036 ****70.00

DOCUMENT # N00000001605

1. Entity Name
WILSON ECONOMIC, INC.



Principal Place of Business
3205 DODGE STREET
TAMPA, FL 33605

Mailing Address
WILSON ECONOMICS, INC
3205 DODGE STREET
TAMPA, FL 33605

40151400

2. Principal Place of Business, P.O. Box #
7751 119th Ave E
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 11307
Suite, Apt. #, etc.

City & State
Parrish FL
Zip
34219
Country
US

City & State
Tampa
Zip
FL
Country
US

05212007 Chg-NP CR2E037 (12/06)

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
3205 DODGE ST
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name
Erma Muldrow

Street Address (P.O. Box Number is Not Acceptable)

7751 119th Avenue East
City
Parrish FL Zip Code
34219

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

Erma Muldrow - Director/Treasure Erma Muldrow

8/13/07

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 14, 2007

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	PO	<input type="checkbox"/> Delete
NAME	WILSON, NAMON	
STREET ADDRESS	3205 DODGE STREET	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WILSON, VALERIE	
STREET ADDRESS	3205 DODGE STREET	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	MULDROW, ERMA	
STREET ADDRESS	7751 119TH AVE EAST	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	WATLEY, V. MONIQUE	
STREET ADDRESS	P.O. BOX 2684	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROMA D SR	
STREET ADDRESS	1106 GERSHAL AVE	
CITY-ST-ZIP	PITTSBURGH, NJ 08302	
TITLE*		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Namon	
STREET ADDRESS	33 W Chestnut Ave # 215 (P.O. Box 2683)	
CITY-ST-ZIP	Vineland NJ 08360	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Valerie	
STREET ADDRESS	33 W Chestnut Ave # 215 (P.O. Box 2683)	
CITY-ST-ZIP	Vineland NJ 08360	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Muldrow, Erma	
STREET ADDRESS	7751 119th Ave East	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	M/SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watley, V. Monique	
STREET ADDRESS	P.O. Box 2684	
CITY-ST-ZIP	Vineland, NJ 08362	
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 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.

SIGNATURE:

V. Monique Watley - Managing Director/Secretary

8/13/07

856-696-8538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #