

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054625

FILED
Apr 25, 2006
Secretary of State

Entity Name: WILSON INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1550 US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1550 US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3653577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBIN
1550 US 1 SOUTH
ST. AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, ROBIN PRES
Address: 1550 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, ROBIN
Address: 1550 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN WILSON

PD

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date