## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000054625

Entity Name: WILSON INSURANCE & FINANCIAL SERVICES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1550 US 1 SOUTH
ST. AUGUSTINE, FL 32086

1101 WINTERHAWK DRIVE
ST. AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

1550 US 1 SOUTH 1101 WINTERHAWK DRIVE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086

FEI Number: 59-3653577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

WILSON, ROBIN
1101 WINTERHAWK DRIVE
ST. AUGUSTINE, FL 32086 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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

Name: WILSON, ROBIN Name: WILSON, ROBIN

 Address:
 1550 US 1 SOUTH
 Address:
 1101 WINTERHAWK DRIVE

 City-St-Zip:
 ST. AUGUSTINE, FL 32084 US
 City-St-Zip:
 ST. AUGUSTINE, FL 32086 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: ROBIN WILSON PD 04/30/2009