

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90002 022 \*\*\*158.75

**DOCUMENT # P00000065761**

1. Entity Name  
P.M. WILSON, INC.



Principal Place of Business  
12090 W 99TH COURT  
BELLEVUE, FL 34420

Mailing Address  
12090 W 99TH COURT  
BELLEVUE, FL 34420

44010523

2. Principal Place of Business  
12885 S Hwy 441  
Suite, Apt. #, etc.

3. Mailing Address  
12885 S Hwy 441  
Suite, Apt. #, etc.

City & State  
Bellevue, FL

City & State  
Bellevue, FL

Zip  
34420

Country  
USA

Zip  
34420

Country  
USA

03122004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3667390

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WILSON, PATRICK J  
12090 SE 90TH COURT  
BELLEVUE, FL 34420

7. Name and Address of New Registered Agent  
Name  
Wilson, Patrick J  
Street Address (P.O. Box Number is Not Acceptable)  
12090 SE 99th Ct  
City  
Bellevue FL Zip Code  
34420

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: Patrick J Wilson DATE: 3-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILSON, PATRICK J 12090 SE 90 CT BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Wilson, Patrick J 12090 SE 99th Ct Bellevue, FL 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WILSON, MAROLYN 12090 SE 90 CT BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Wilson, marolyn 12090 SE 99th Ct Bellevue, FL 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will all other like empowered.

SIGNATURE: Patrick J Wilson DATE: 3-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR