

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90039 007 ***150.00

DOCUMENT # P01000056637					
1. Entity Name WILSON WINE & SPIRITS, INC.					
Principal Place of Business 13650 FIDDESTICKS PARK SUITE 201 FORT MYERS, FL 33912			Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Drawer 60205			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 40 John M. Wicker, P.A.			
City & State		City & State Fort Myers FL		4. FEI Number 65-1113821	
Zip	Country	Zip 33906	Country Lee	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name: JOHN M. WICKER, P.A. Street: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or nonresident entity in compliance with, and accept the obligations of registered agent.					
SIGNATURE:				DATE: 3/25/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Added to Fees ☐	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD WILSON, CARL W 2829 S.W. 43RD LANE CAPE CORAL, FL 339146024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, SUSANNE J 2829 S.W. 43RD LANE CAPE CORAL, FL 339146024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 607, 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: CARL W. WILSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					