

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056637

Entity Name: WILSON WINE & SPIRITS, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

13650 FIDDESTICKS PARK
SUITE 201
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M WICKER, PA
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-1113821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M PA
12670 NEW BRITTANY BLVD STE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD STE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: WILSON, CARL W
Address: 2829 S.W. 43RD LANE
City-St-Zip: CAPE CORAL, FL 339146024

Title: STD () Delete
Name: WILSON, SUSANNE J
Address: 2829 S.W. 43RD LANE
City-St-Zip: CAPE CORAL, FL 339146024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILSON, CARL W
Address: 2829 SW 43RD LANE
City-St-Zip: CAPE CORAL, FL 339146024

Title: DST (X) Change () Addition
Name: WILSON, SUSANNE J
Address: 2829 SW 43RD LANE
City-St-Zip: CAPE CORAL, FL 339146024

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: CARL W. WILSON

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date