



**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000058172</b>		<b>Secretary of State</b>	
1. Entity Name <b>D. WILSON CONSTRUCTION, INC.</b>			
Principal Place of Business <b>783 SUNSET VISTA DR FT MYERS, FL 33919</b>		Mailing Address <b>783 SUNSET VISTA DR FT MYERS, FL 33919</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-1112883</b>	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILSON, DAVID O 783 SUNSET VISTA DR FT MYERS, FL 33919</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u>Becky Wilson</u> <u>Becky Wilson</u> <u>4/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP WILSON, DAVID O 783 SUNSET VISTA DR FT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, BECKY L 783 SUNSET VISTA DR FT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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, with all other like empowered  SIGNATURE: <u>Becky Wilson</u> <u>Becky Wilson</u> <u>4/8/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			