

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000088899**

1. Entity Name  
**WILDEONE, INC.**



Principal Place of Business  
**3700 OAK RIDGE LANE  
FORT LAUDERDALE, FL 33331**

Mailing Address  
**3700 OAK RIDGE LANE  
FORT LAUDERDALE, FL 33331**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1142246**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CELESTINO-WILDE, LORRAINE  
3700 OAK RIDGE LANE  
FORT LAUDERDALE, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000590675  
01/18/07-80066-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WILDE, J.M. IV
STREET ADDRESS	3700 OAK RIDGE LN
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	VD
NAME	CELESTINO-WILDE, LORRAINE
STREET ADDRESS	3700 OAK RIDGE LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *James Wilde IV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Wilde IV* 01/09/07 954-217-0123

Date

Daytime Phone #