

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000011665

Entity Name: WILSON'S DISTRIBUTION, INC.

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7491 169TH DR.  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

7491 169TH DR.  
LIVE OAK, FL 32060

**New Mailing Address:**

FEI Number: 75-3003300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILSON, DAVID A  
7491 169TH DR.  
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WILSON, DAVID A  
Address: 7491 169TH DR.  
City-St-Zip: LIVE OAK, FL 32060

Title: SECR  
Name: WILSON, CHRISTINE M  
Address: 7491 169TH DR.  
City-St-Zip: LIVE OAK, FL 32060

I hereby 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 all other like empowered.

SIGNATURE: DAVID WILSON

PRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date