2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000014672

1. Entity Name
WILSON ENTERPRISES OF MAINE, INC.

Principal Place of Business
7913 LINKS WAY
PORT ST LUCIE, FL 34986

Mailing Address
7913 LINKS WAY
PORT ST LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

03152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
48-1088476	Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, GEORGE E JR
7913 LINKS WAY
PORT ST LUCIE, FL 34986

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	WILSON, GEORGE E JR	
STREET ADDRESS	7913 LINKS WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE		
NAME		
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CITY-ST-ZIP		

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03/31/06-80003-009 150.00

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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: _____   3/15/06   316-686-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #