

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 017 ***150.00

DOCUMENT # P02000053299

1. Entity Name
A. WILSON DEVELOPMENT CO.



Principal Place of Business
**5015 S FLORIDA AVE STE 103
LAKELAND, FL 33813**

Mailing Address
**5015 S FLORIDA AVE STE 103
LAKELAND, FL 33813**

50029284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

City & State

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number
30-0073180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ALVIN W
5015 S FLORIDA AVE STE 103
LAKELAND, FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Alvin W. Wilson Jr. PD.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/15/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** ☐ Delete
NAME: **WILSON, ALVIN W JR**
STREET ADDRESS: **5015 S FLORIDA AVE STE 103-301**
CITY-ST-ZIP: **LAKELAND, FL 33813**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DR** ☐ Delete
NAME: **Cecilia P. Wilson**
STREET ADDRESS: **5015 S. FLORIDA AVE. STE 301**
CITY-ST-ZIP: **LAKELAND, FL 33813**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DR** ☐ Delete
NAME: **Ryan A. Wilson**
STREET ADDRESS: **5015 S. Florida Ave Suite 301**
CITY-ST-ZIP: **LAKELAND, FL 33813**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Alvin W. Wilson Jr. PD.

Alvin W. Wilson Jr. PD.

863-6466106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **11/15/05** Daytime Phone #