

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 027 ***150.00

DOCUMENT # P02000053299

1. Entity Name
A. WILSON DEVELOPMENT CO.



Principal Place of Business

**5015 S FLORIDA AVE STE 103
SUITE 301
LAKELAND, FL 33813**

Mailing Address

**5015 S FLORIDA AVE STE 103
SUITE 301
LAKELAND, FL 33813**

2. Principal Place of Business - No P.O. Box #
5015 S. Florida Ave.

3. Mailing Address
5015 S. Florida Ave.

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33813

Country
USA

Zip
33813

Country
USA

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number
30-0073180

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Alvin W. Wilson Jr.

Street Address (P.O. Box Number is Not Acceptable)
5015 S. Florida Ave.

Suite 301

City
Lakeland

FL

Zip Code
33813

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. Pres.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/20/07
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**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR
WILSON, CECILIA P
5015 S FLORIDA AVE, STE 301
LAKELAND, FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR
WILSON, RYAN A
5015 S FLORIDA AVE, SUITE 301
LAKELAND, FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Alvin W. Wilson Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07
Date

863-646-6106
Daytime Phone #