

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000086192

1. Entity Name
WILSON IMPORTS, INC.



Principal Place of Business
**2255 U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086-6071**

Mailing Address
**P.O. BOX 169
ST. AUGUSTINE, FL 32085**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-0356308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, BRIAN
2255 U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086-6071**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity, by signing 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 registration.

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, BRIAN L
STREET ADDRESS	107 HERONS NEST LANE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086
TITLE	VP
NAME	MORGAN, JERRY P
STREET ADDRESS	3480 RED CLOUD TRAIL
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086
TITLE	ST
NAME	WIESELMANN, JAIME M
STREET ADDRESS	1308 BRENTWOOD CT
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/07/04-80009-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Brian L. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian L. Wilson 1/5/04

Date

904-797-4567
Daytime Phone #