

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094263

1. Entity Name
TOM WILSON, INC.



Principal Place of Business
3610 URBAND LANE
LAKELAND, FL 33813

Mailing Address
P.O. BOX 977
EATON PARK, FL 33840

FILED

09 FEB -6 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262009 No Chg-P CR2E034 (11/08)

4. FEI Number
38-3658848

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, TOM
3610 URBAND LANE
LAKELAND, FL 33813

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 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	PST WILSON, TOM E 3610 URBAND LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WILSON, S. KAREN 312 WESLEY MILL LANE VILLA RICA, GA 30180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/06/09--01039--001 **150.00

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202/9

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: *Tom E Wilson Pres*

1-27-09