

2010 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

112#
3422 FILED

10 JAN 28 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232010 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3658848

Applied For
Not Applicable

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

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2010 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/10--01005--005 **150.00

**DO NOT WRITE
IN THIS SPACE**

DB 1/28

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863
644-1444