


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 031 ***150.00

DOCUMENT # P02000113053					
1. Entity Name THE WILDREW GERINSON COMPANY					
Principal Place of Business 6900 PHILLIPS HWY STE 23 JACKSONVILLE, FL 32216			Mailing Address 6900 PHILLIPS HWY STE 23 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # 200 COMMERCIAL DRIVE		3. Mailing Address 200 COMMERCIAL DRIVE			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1			
City & State SAINT AUGUSTINE, FL		City & State SAINT AUGUSTINE, FL		4. FEI Number 06-1655848	
Zip 32092-0917		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBROOK COLD, KETHLEEN STE 2301, ONE INDEPENDENT DR JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, S.A. 6900 PHILLIPS HWY STE 23 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, S.A. 200 COMMERCIAL DRIVE, STE 1 SAINT AUGUSTINE, FL 32092-0917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, JAMES W JR 6900 PHILLIPS HWY STE 23 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, JAMES W JR 200 COMMERCIAL DRIVE, SUITE 1 SAINT AUGUSTINE, FL 32092-0917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/16/07 (904) 584-1800 Date Daytime Phone #		