


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000113053	
1. Entity Name THE WILDREW GERINSON COMPANY	
	
Principal Place of Business 200 COMMERCIAL DRIVE 1 SAINT AUGUSTINE, FL 32092-0917	Mailing Address 200 COMMERCIAL DRIVE 1 SAINT AUGUSTINE, FL 32092-0917

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1655848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HOLBROOK COLD, KETHLEEN
STE 2301, ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000875197
04/11/08-80023-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, S.A.
STREET ADDRESS	200 COMMERCIAL DRIVE, STE 1
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320920917
TITLE	D
NAME	GRANGER, JAMES W JR
STREET ADDRESS	200 COMMERCIAL DRIVE, STE 1
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320920917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **SCOTT A ROBINSON** **032708** **9045841800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #