


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90016 025 \*\*\*150.00

<b>DOCUMENT # P02000117206</b> 1. Entity Name <b>WILSON AND ASSOCIATES PERSONNEL, INC.</b>																							
Principal Place of Business <b>80-C BEAL PARKWAY, NW FT. WALTON BEACH, FL 32548</b>																							
Mailing Address <b>80-C BEAL PARKWAY, NW FT. WALTON BEACH, FL 32548</b>																							
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02172005    Chg-P    CR2E034 (10/03)																			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>47-0894651</b>																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																			
6. Name and Address of Current Registered Agent  <b>TIPPETTS, KAREN S 80-C BEAL PARKWAY NW FT. WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P SCOTT, GARY J</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">108 COUNTRY CLUB RD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SHALIMAR, FL 32579</td> </tr> </table>			TITLE	P SCOTT, GARY J	<input type="checkbox"/> Delete	STREET ADDRESS	108 COUNTRY CLUB RD.		CITY-ST-ZIP	SHALIMAR, FL 32579		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">ST TIPPETTS, KAREN S.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">80-C BEAL PARKWAY NW</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT WALTON BEACH, FL 32548</td> </tr> </table>			TITLE	ST TIPPETTS, KAREN S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	80-C BEAL PARKWAY NW		CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																							
<b>SIGNATURE: Gary J. Scott</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>2/17/05</b> <b>850-361-1300</b> Date      Daytime Phone #																			