

WILSON & RATLEDGE

Fax: 919-787-5420

Aug

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90029 034 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000017809

1. Entity Name
CINDY WILSON, INC.Principal Place of Business
648 MAYPOP CT.
BOCA RATON, FL 33486 USMailing Address
648 MAYPOP CT.
BOCA RATON, FL 33486 US

50063967



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FBI Number
56-2319455Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, THOMAS J
648 MAYPOP CT.
BOCA RATON, FL 33486**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 (if applicable)

(NOTE: Registered Agent signature required when re/initialing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILSON, CINDY
648 MAYPOP CT.
BOCA RATON, FL 33486TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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 exemption stated in Section 119.07(3)(c), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/05 561-338-6425

ATTACHMENT ⁵⁰⁰⁶³⁹⁶⁷
P03000017809
CINDY WILSON INC
648 MAYPOPE COURT
BOCA RATON, FL 33486-5632

August 22, 2005

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

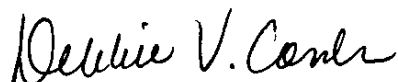
Re: Cindy Wilson, Inc.
EIN #56-2319455

To Whom It May Concern:

Attached you will find the 2005 For Profit Corporation Annual Report for the above referenced taxpayer. This is the first request for the 2005 annual report that this corporation has received. I respectfully request that you abate any late fees associated with the filing of this report. We have enclosed a check in the amount of \$150.00.

If you have any questions, please contact me at 919-787-7711.

Sincerely,



Debbie V. Cordon, CPA

Enclosures