

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90061 012 ***150.00

DOCUMENT # P03000045363

1. Entity Name

WILSON-GIRARD INC.



Principal Place of Business

3101 N ROOSEVELT
KEY WEST FL 33040

Mailing Address

819 PEACOCK
604
KEY WEST FL 33040

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

26 Tamarind Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key west, Florida

Zip

Country

Zip

Country

33040

monro2

4. FEI Number

83-0355312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, SHERRY
819 PEACOCK #604
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Wilson, Sherry

Street Address (P.O. Box Number is Not Acceptable)

26 Tamarind Drive

City

Key west

FL

Zip Code

33040

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

Sherry Wilson

Sherry Wilson

2/13/08

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILSON, TROY	
STREET ADDRESS	819 PEACOCK PLAZA SUITE 604	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILSON, SHERRY	
STREET ADDRESS	819 PEACOCK PLAZA SUITE 604	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GIRARD, DAVID	
STREET ADDRESS	819 PEACOCK #604	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sherry Wilson

2/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #