


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90032 017 ***150.00

DOCUMENT # P03000057157 1. Entity Name MAURICE & SUZANNE WILDER PROPERTIES, INC.			
Principal Place of Business 3000 GULF TO BAY BLVD. SUITE 600 CLEARWATER, FL 33759		Mailing Address 3000 GULF TO BAY BLVD. SUITE 600 CLEARWATER, FL 33759	
2. Principal Place of Business - No P.O. Box # 2536 Countryside Blvd. Suite, Apt. #, etc. Suite 250 City & State Clearwater FL Zip 33763		3. Mailing Address 2536 Countryside Blvd. Suite, Apt. #, etc. Suite 250 City & State Clearwater, FL Zip 33763	
Country USA		Country USA	
4. FEI Number 20-0780740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, MAURICE 3000 GULF TO BAY BLVD. SUITE 600 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Wilder Maurice Street Address (P.O. Box Number is Not Acceptable) 2536 Countryside Blvd. #1 Suite Suite 250 City Clearwater FL Zip Code 33763	
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 PD NAME WILDER, MAURICE STREET ADDRESS 3000 GULF TO BAY BLVD., 6TH FLR. CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE PD NAME Wilder Maurice STREET ADDRESS 2536 Countryside Blvd. Suite 250 CITY-ST-ZIP Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EXEV NAME CARITENUTE, MARY STREET ADDRESS 3000 GULF TO BAY BLVD., 6TH FLR. CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE EXEV NAME Caritenute, Mary STREET ADDRESS 2536 Countryside Blvd. Suite 250 CITY-ST-ZIP Clearwater, FL 33763	<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		Date _____ Daytime Phone # _____	