

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000082834		
1. Entity Name WILSON & SONS PLASTERING INC.		

Principal Place of Business 525 GIBSON ST. DAYTONA BEACH, FL 32114		Mailing Address 325 GARDEN STREET DAYTONA BEACH, FL 32114			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WILSON, CHRISTOPHER 325 GARDEN STREET DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name Street Address City- St- Zip	<input type="checkbox"/> Delete WILSON, CHRISTOPHER 325 GARDEN STREET DAYTONA BEACH, FL 32114	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
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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: *Christopher J Wilson* *Christopher J Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90230 020 ***150.00

60033757



04212006 Chg-P CR2E034 (11/05)

**\$8.75 Additional
Fee Required**

Applied For

Not Applicable

5. Certificate of Status Desired

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