2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082834

09-14-2007 90002 034 ***550.00

Sep 14, 2007 8:00 am Secretary of State

FILED

WILSON & SONS PLASTERING INC.

Principal Place of Business

Mailing Address

525 GIBSON ST. DAYTONA BEACH, FL 32114 325 GARDEN STREET DAYTONA BEACH, FL 32114



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05282007

No Chg-P

CR2E034 (11/05)

| 4. | FEI Number | | | | | | | |
|----|----------------|--|--|--|--|--|--|--|
| | NOT APPLICABLE | | | | | | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| š. | Name | and | Address | αf | Current | Registere | d | Agent |
|----|------|-----|---------|----|---------|-----------|---|-------|

DO NOT WRITE IN THIS SPACE

WILSON, CHRISTOPHER 325 GARDEN STREET

DO NOT WRITE

| DAYTONA BEACH, FL 32114 | | | | IN THIS SPACE | | | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------|--------------------------------|-------------------------------------------------------------|--|--|--|
| | named entity submits this statement for the tions of registered agent. | purpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | e if applicable. (NOTE: Registered | l Agent signatute | i tequired when reinstating) | DATE | | | |
| | LE NOW!!! FEE IS \$550.00 ue by September 14, 2007 | Election Campaign Finand Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DIRE D WILSON, CHRISTOPHER 325 GARDEN STREET DAYTONA BEACH, FL 32114 | CTORS | | | | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - • | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 13 ⁴ 7 | · · · · · · · · · · · · · · · · · · · | | | |
| 12. hereby | certify that the information supplied with this | filing does not qualify for the exe | mptions cor | ntained in Chapter 119 | 9, 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: