

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90006 050 \*\*\*150.00

**DOCUMENT # P03000085496**

1. Entity Name  
WILSON FAMILY, INC.



Principal Place of Business  
8903 GLADES RD  
SUITE G-14  
BOCA RATON, FL 33434

Mailing Address  
4055 SABAL LAKES RD.  
DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
41-2104724

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WILSON, ERIC  
4055 SABAL LAKES RD.  
DELRAY BEACH, FL 33445

**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 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. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WILSON, ERIC
STREET ADDRESS	4055 SABAL LAKES RD.
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	WILSON, ALAN
STREET ADDRESS	4055 SABAL LAKES RD.
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	WILSON, VANESSA
STREET ADDRESS	4055 SABAL LAKES RD.
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	WILSON, MARY
STREET ADDRESS	4055 SABAL LAKES RD.
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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

ERIC WILSON, PRES.

Date

3/1/06

Daytime Phone #

561-703-4223