

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

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



03172007 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

DO NOT WRITE IN THIS SPACE

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, 2007 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**

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04/11/07-80066-014-150.00

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

3/20/07

Date

Daytime Phone #