

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
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



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 41-2104724 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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, 2008 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 | |

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03/04/08-80061-003 150.00

**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:

Vanessa M Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08
Date

Daytime Phone #