

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90397 007 ***158.75

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1. Entity Name

K. WILSON INSTALLATIONS, INC.



Principal Place of Business

747 MARKHAM WOODS RD.
LONGWOOD FL 32779

Mailing Address

747 MARKHAM WOODS RD.
LONGWOOD FL 32779

2. Principal Place of Business

747 MARKHAM WOODS RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 520038

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

134262563

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, KATHY A
747 MARKHAM WOODS RD.
LONGWOOD FL 32779

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

Kathy A. Wilson

KATHY A WILSON

4-23-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: Kathy A. Wilson
STREET ADDRESS: 747 MARKHAM WOODS RD
CITY-ST-ZIP: Longwood, FL 32779 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VICE PRESIDENT
NAME: ALAN D. WILSON
STREET ADDRESS: 747 MARKHAM WOODS RD
CITY-ST-ZIP: Longwood, FL 32779 ☐ Change ☒ Addition

TITLE: TREASURER
NAME: VIRGIL D. WILSON
STREET ADDRESS: 747 MARKHAM WOODS RD
CITY-ST-ZIP: Longwood, FL 32779 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kathy A. Wilson KATHY A WILSON

4-29-04

407-310-6749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #