

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093231

FILED  
Aug 31, 2005  
Secretary of State

Entity Name: K. WILSON INSTALLATIONS, INC.

## Current Principal Place of Business:

747 MARKHAM WDS RD.  
LONGWOOD, FL 32779

## New Principal Place of Business:

P.O. BOX 391346  
DELTONA, FL 32739

## Current Mailing Address:

P.O. BOX 520038  
LONGWOOD, FL 32752

## New Mailing Address:

P.O. BOX 391346  
DELTONA, FL 32739

FEI Number: 13-4262563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD,  
SUITE 118  
ORLANDO, FL 32811 US

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.

SIGNATURE: JAMES K. DUERR, CPA

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, KATHY A  
Address: 747 MARKHAM WDS. RD.  
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Delete  
Name: WILSON, ALAN D  
Address: 747 MARKHAM WDS RD.  
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Delete  
Name: WILSON, VIRGIL D  
Address: 747 MARKHAM WDS RD.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: WILSON, KATHY A  
Address: P.O. BOX 391346  
City-St-Zip: DELTONA, FL 32739

Title: VS (X) Change ( ) Addition  
Name: WILSON, ALAN D  
Address: P.O. BOX 391346  
City-St-Zip: DELTONA, FL 32739

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. DUERR, CPA, AS AGENT

AGNT

08/31/2005

Electronic Signature of Signing Officer or Director

Date