

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000118929

1. Entity Name
KEVIN WILSON SERVICES, INC.



Principal Place of Business
**1526 GOULD AVE SW
PALM BAY, FL 32908**

Mailing Address
**1526 GOULD AVE SW
PALM BAY, FL 32908**



08022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1088597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DESAULNIER, GENEVIEVE E
2003 ALMA DR.
WEST MELBOURNE, FL 32904-6274**

**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 *Kevin Wilson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
9/1/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILSON, KEVIN D
1526 GOULD AVE SW
PALM BAY, FL 32908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S, T
WILSON, CARMELA
1526 GOULD AVE SW
PALM BAY, FL 32908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000378283
09/16/05-80001-010 150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kevin Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05
Date

Daytime Phone #