

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141881

FILED
Feb 23, 2005
Secretary of State

Entity Name: WILSON PROPERTIES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

3360 HOLT CIRCLE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

3360 HOLT CIRCLE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-0485886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SAMUEL I
3360 HOLT CIRCLE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, SAMUEL I
Address: 3360 HOLT CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: WILSON, ENID
Address: 3360 HOLT CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SPAAR III, JOHN E
Address: 6029 DOGWOOD DR
City-St-Zip: MILTON, FL 32570

Title: SD () Change (X) Addition
Name: LUDOVICI, VINCENT P
Address: 128 NORTH
City-St-Zip: PENSACOLA, FL 32501

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: SAMUEL I. WILSON

PD

02/23/2005

Electronic Signature of Signing Officer or Director

Date