

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000143785

1. Entity Name
JOE WILSON, BUILDERS INC.



Principal Place of Business
13119 SW 89TH STREET
LAKE BUTLER, FL 32054

Mailing Address
13119 SW 89TH STREET
LAKE BUTLER, FL 32054

DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2419221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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

200107466402
08/07/07--01054--019 **558.75

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, JOSEPH E 13119 SW 89TH STREET LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILSON, TERRI C 13119 SW 89TH STREET LAKE BUTLER, FL 32054
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec/T

7-18-07 3864963323

1/24 aw

FILED

2007 JUL 23 AM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA