2005 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P04000001260** 1. Entity Name JERRY WILSON & ASSOCIATES, INC. Principal Place of Business Mailing Address **4529 CHUMUCKLA HIGHWAY 4529 CHUMUCKLA HIGHWAY** SUITE B SUITE B PACE, FL 32571 PACE, FL 32571 DO NOT WRITE IN THIS SP 6. Name and Address of Current Registered Agent

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90548 009 ***150.00

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DO NOT WRITE IN THIS SPACE			^ _	04262005 No Chg-P CR2E034 (10/03)				
			CE	20-0572444			Applied For Not Applicable	
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent						
WILSON, JERRY 4529 CHUMUCKLA HIGHWAY SUITE B PACE, FL 32571			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Flo	rida. Fan	n familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d'applicable. (NOTE: Registere	a Agent signature	required when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees		 "		
10.	OFFICERS AND DIREC	CTORS	I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JERRY R 4529 CHUMUCKLA HIGHWAY #B PACE, FL 32571							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP] 	DO	NOT W	RIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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:

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP