

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90307 021 \*\*\*150.00

<b>DOCUMENT # P04000018376</b>					
<b>1. Entity Name</b> RONALD D. WILSON, INC.					
<b>Principal Place of Business</b> 1 PALM LANE PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> 1 PALM LANE PONTE VEDRA BEACH, FL 32082		
<b>2. Principal Place of Business</b> 5237 OXFORD CREST DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5237 OXFORD CREST DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> 87-0722688	
<b>Zip</b> 32258		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILSON, RONALD D 1 PALM LANE PONTE VEDRA BEACH, FL 32082			<b>7. Name and Address of New Registered Agent</b> Name: JAN P. WILSON Street Address (P.O. Box Number is Not Acceptable): 5237 OXFORD CREST DRIVE JACKSONVILLE FL. City: JACKSONVILLE FL Zip Code: 32258		
<b>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.</b> SIGNATURE: <u>Ronald D. Wilson</u> <u>Ronald D. Wilson</u> DATE: <u>4-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RONALD D 1 PALM LANE PONTE VEDRA BEACH, FL 32082		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>RONALD D. WILSON</u> <u>Ronald D. Wilson</u> DATE: <u>3-24-05</u> DAYTIME PHONE #: <u>904-465-7966</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					