


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 042 ***150.00

DOCUMENT # P04000018376	
1. Entity Name RONALD D. WILSON, INC.	

Principal Place of Business 5237 OXFORD CREST DR JACKSONVILLE FL 32258	Mailing Address <i>CORRECTED</i> 5237 OXFORD CREST DR JACKSONVILLE FL 32258
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2. Principal Place of Business - No P.O. Box # 14107 WAVERLY falls Lane W Suite, Apt. #, etc.	3. Mailing Address 14107 Waverly Falls Lane west Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State JACKSONVILLE FL	City & State JACKSONVILLE Fla.
Zip 32224	Country USA

4. FEI Number 87-0722688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, RONALD D 5237 OXFORD CREST DR JACKSONVILLE FL 32258	7. Name and Address of New Registered Agent Name RONALD D. WILSON Street Address (P.O. Box Number is Not Acceptable) 14107 Waverly Falls Lane West City JACKSONVILLE FL Zip Code 32224
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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	DATE (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RONALD D 1 PALM LANE PONTE VEDRA BEACH FL 32082 <i>ADDRESS CORRECTION</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD D. WILSON 14107 WAVERLY falls Lane WEST JACKSONVILLE, FL. 32224 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JAN P. WILSON 14107 Waverly falls Lane WEST JACKSONVILLE, FL. 32224 <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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RONALD D. WILSON <i>Ronald D. Wilson</i>	DATE 4-4-07	DAYTIME PHONE # 904-821-4178
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