

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079507

**FILED**  
**Jul 17, 2006**  
**Secretary of State**

**Entity Name:** WILSON'S ENTERPRISES OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

3481 E. ORCHID STREET  
HERNANDO, FL 34442

**New Principal Place of Business:**

2841 N PAGE AVE  
HERNANDO, FL 34442

**Current Mailing Address:**

3481 E. ORCHID STREET  
HERNANDO, FL 34442

**New Mailing Address:**

2841 N PAGE AVE  
HERNANDO, FL 34442

**FEI Number:** 90-0188530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, TRACY D  
3481 E. ORCHID STREET  
HERNANDO, FL 34442 US

**Name and Address of New Registered Agent:**

WILSON, TRACY D  
2841 N PAGE AVE  
HERNANDO, FL 34442 US

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: TRACY D WILSON

07/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILSON, TRACY D  
Address: 3481 E. ORCHID STREET  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: WILSON, MITCHELL A  
Address: 3481 E. ORCHID STREET  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: WILSON, TRACY D  
Address: 2841 N PAGE AVE  
City-St-Zip: HERNANDO, FL 34442

Title: PRES (X) Change ( ) Addition  
Name: WILSON, MITCHELL A  
Address: 2841 N PAGE AVE  
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TRACY D WILSON

VP

07/17/2006

Electronic Signature of Signing Officer or Director

Date