

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 037 ***150.00

DOCUMENT # P04000082729-																													
1. Entity Name CLINT WILSON, INC.																													
Principal Place of Business 875 ROBINHOOD DR. PUNTA GORDA FL 33962			Mailing Address 875 ROBINHOOD DR. PUNTA GORDA FL 33962																										
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip <u>33982</u>		Country		Zip <u>33982</u>																									
Country		Country		4. FEI Number <u>55-0873954</u>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent BRIGGS, ROBIN 1957 TROON CIRCLE ENGLEWOOD FL 34224				7. Name and Address of New Registered Agent Name <u>Clint A. Wilson</u> Street Address (P.O. Box Number is Not Acceptable) <u>875 Robinhood Dr</u> City <u>Punta Gorda</u> FL Zip Code <u>33982</u>																									
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 <u>Clint A. Wilson</u> <u>2-16-05</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when returning) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: Clint A. Wilson 2-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #