

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90192 019 \*\*\*150.00

DOCUMENT # P64000082729

1. Entity Name

CLINT WILSON, INC.



Principal Place of Business

875 ROBINHOOD DR.  
PUNTA GORDA FL 33982

Mailing Address

875 ROBINHOOD DR.  
PUNTA GORDA FL 33982

2. Principal Place of Business

1740 SW Rodgers AVE  
Suite, Apt. #, etc.

3. Mailing Address

1740 SW Rodgers AVE  
Suite, Apt. #, etc.

City & State

ARCADIA FL

City & State

ARCADIA FL

Zip

34266

Country

US

Zip

34266

Country

US

4. FEI Number

55-0873954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, CLINT A  
875 ROBINHOOD DR  
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name

Clint Wilson A

Street Address (P.O. Box Number is Not Acceptable)

1740 SW Rodgers AVE

City

ARCADIA FL

Zip Code

34266

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

*Clint A Wilson*

Clint A Wilson

2-15-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WILSON, CLINT A  
STREET ADDRESS 875 ROBINHOOD DR.  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE VP ☒ Delete  
NAME WILSON, JENNIFER L  
STREET ADDRESS 875 ROBINHOOD DR  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Clint A Wilson* Clint A Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-06 (941) 628-9069