2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091758

Entity Name: WILCO LAND DEVELOPMENT, INC

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7515 W OAKLAND PARK BLVD SUITE 103				2200 N. FEDERAL HWY		
SUNRISE, FL 33319			201 BOCA RATON, FL 33431 US			
Current Mailing Address:				New Mailing Address:		
7515 W OAKLAND PARK BLVD SUITE 103				2200 N. FEDERAL HWY		
SUNRISE, FL 33319			201 BOCA RATON, FL 33431 US			
FEI Number:	34-2026445	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SNAPPY TAX INC 2692 NORTH UNIVERSITY DR 1				TOTAL TAX SOLUTIONS 2100 EAST SAMPLE ROAD 202		
SUNRISE, FL 33322 US				LIGHTHOUSE POINT, FL 33064 US		
The above in the State		submits this statement for the pu	irpose o	f changing it	s registered of	ffice or registered agent, or both,
SIGNATURE: BRIAN C CALVERESE				03/28/2006		
	Electro	nic Signature of Registered Ager	nt			Date
Election Cam	paign Financin	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (WILSON, JER PO BOX 3772 LA MESA, CA			Title: Name: Address: City-St-Zip:	PD (X) WILSON, JERR 1720 SW 9TH S BOCA RATON, I	STREET
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	STD () RAFFA-WILSON 1720 SW 9TH S BOCA RATON,	STREET
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VPD () WILSON, BRIAN 1720 SW 9TH S BOCA RATON, I	STREET
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D () LOTT, FRANK F 285 DRIGGERS LAKE PLACID,	ROAD
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	CALVERESE, B 2100 EAST SAI	

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: JERRY D WILSON PD 03/28/2006