

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 025 ***150.00

DOCUMENT # P04000135141
 1. Entity Name
 WILSON FOODS, INC.



Principal Place of Business: 3121 FOX GLOVE LN LAKE MARY, FL 32746
 Mailing Address: 3121 FOX GLOVE LN LAKE MARY, FL 32746

50017476



2. Principal Place of Business: *Rightway Food*
 Suite, Apt. #, etc.: *430 E New York Ave*
 City & State: *Deland FL*
 Zip: *32724*

3. Mailing Address: *Rightway Food*
 Suite, Apt. #, etc.: *430 E New York Ave*
 City & State: *Deland FL*
 Zip: *32724*

02172005 Chg-P CR2E034 (10/03)

4. FEI Number: *20-1674754*
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMAD, ASIF
 3121 FOX GLOVE LN
 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): *430 E New York Ave*
 City: *Deland* State: *FL* Zip Code: *32724*

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: *Golam Ahmed* DATE: *2/17/05*

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPT NAME: AHMED, GOLAM STREET ADDRESS: 3121 FOX GLOVE LN CITY-ST-ZIP: LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVS NAME: SULTANA, NASIMA STREET ADDRESS: 3121 FOX GLOVE LN CITY-ST-ZIP: LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Golam Ahmed* DATE: *2/17/05*