


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000027285 1. Entity Name LAW OFFICES OF MARIE COLEMAN WILSON, P.A.						FILED 07 OCT -1 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2383 S. TAMiami TRAIL SUITE A VENICE, FL 34293				Mailing Address 2383 S. TAMiami TRAIL SUITE A VENICE, FL 34293					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent WILSON, MARILYN M 2383 S. TAMiami TRAIL SUITE A VENICE, FL 34293				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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.				4. FEI Number 65-1243494					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARILYN M 2383 S TAMiami TRAIL STE A VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900110267069 10/04/07--01032--015 **150.00 <i>10/3</i>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, MARILYN M 2383 S TAMiami TRAIL STE A VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<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 exemptions contained 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 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: <i>Marie Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> M. Marie Wilson, Pres.				Date: 9/24/07				Daytime Phone #: 94-493-0533	



Marie Coleman Wilson
ATTORNEY AT LAW

Wednesday, September 26, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report for Law Offices of Marie Coleman Wilson, P.A.

Dear Madam/Sir:

Enclosed please find the signed annual report along with a check for \$150.00. I did not receive the first annual report notice. I assume this was because the suite number is listed wrong in the address. I have made the correction on the annual report form.

Thank you for your cooperation in this matter.

Sincerely,
Law Offices of Marie Coleman Wilson, P.A.

M. Marie Wilson

MMW/
Enclosures
File No. Wilsomari

MARIE COLEMAN WILSON, A PROFESSIONAL ASSOCIATION

2383 S. Tamiami Trail, Suite A • Venice, FL 34293 • Phone (941) 493-0533 • Fax (941) 408-7684
Donna J. Lonsberry, of Counsel