2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P05000061181

Entity Name: WILSON AUTOMOTIVE, INC.

Current Principal Place of Business:

1735 NORTH US HWY 441
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

1735 NORTH US HWY 441
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3803939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, KANDI S VP
4688 FALLING CREEK ROAD
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILSON, JAMES R D	
Address:	4688 FALLING CREEK ROAD	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	VP	( ) Delete
Name:	WILSON, KANDI S VICE PR	
Address:	4688 FALLING CREEDK RD	
City-St-Zip:	LAKE CITY, FL 32055 US	
Title:	SEC	( ) Delete
Name:	WILSON, KANDI S SEC	
Address:	4688 FALLING CREEK RD	
City-St-Zip:	LAKE CITY, FL 32055 US	
Title:	TRES	( ) Delete
Name:	WILSON, KANDI S TRES	
Address:	4688 FALLING CREEK RD	
City-St-Zip:	LAKE CITY, FL 32055 US	
Title:	VP	( ) Delete
Name:	WILSON, JAMES B	
Address:	4688 FALLING CREEK RD	
City-St-Zip:	LAKE CITY, FL 32055 US	
Title:	PRES	( ) Delete
Name:	WILSON, JAMES R PRES	
Address:	4688 FALLING CREEK RD	
City-St-Zip:	LAKE CITY, FL 32055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: KANDI WILSON VP 04/25/2007

Electronic Signature of Signing Officer or Director — Date