

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 015 ***150.00

DOCUMENT # P05000113168					
1. Entity Name DARLA WILSON, INC.					
Principal Place of Business 6897 WEST CYRUS STREET CRYSTAL RIVER, FL 34428			Mailing Address 6897 WEST CYRUS STREET CRYSTAL RIVER, FL 34428		
2. Principal Place of Business - No P.O. Box # 8262 E TURNER CAMP RD Suite, Apt. #, etc.		3. Mailing Address 8262 E TURNER CAMP RD Suite, Apt. #, etc.			
City & State INVERNESS, FL Zip: 34453 Country: US		City & State INVERNESS, FL Zip: 34453 Country: US		4. FEI Number 20-3349242	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, DARLA 6897 WEST CYRUS STREET CRYSTAL RIVER, FL 34428					
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 8262 E TURNER CAMP RD City: INVERNESS FL Zip Code: 34453					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00			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: P NAME: WILSON, DARLA STREET ADDRESS: 6897 WEST CYRUS STREET CITY-ST-ZIP: CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE: P NAME: WILSON, DARLA STREET ADDRESS: 8262 E TURNER CAMP RD CITY-ST-ZIP: INVERNESS, FL 34453	<input checked="" 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: <u>Darla Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/08 <small>Date</small>		352-212-1701 <small>Daytime Phone #</small>