


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90035 010 ***150.00

DOCUMENT # P06000063370 1. Entity Name SL WILSON ENTERPRISES INC.																		
Principal Place of Business 645 MATTERHORN RD JACKSONVILLE, FL 32216		Mailing Address 645 MATTERHORN RD JACKSONVILLE, FL 32216																
2. Principal Place of Business - No P.O. Box # 837 25th Road Suite, Apt. #, etc.		3. Mailing Address 837 25th Road Suite, Apt. #, etc.																
City & State St. Augustine Florida Zip Country 32095-8409		City & State St. Augustine Florida Zip Country 32095-8409																
																		
		04032008 Chg-P CR2E034 (12/06)																
4. FEI Number 20-4827514		Applied For <input type="checkbox"/> Not Applicable																
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																
6. Name and Address of Current Registered Agent WILSON, SARAH L 645 MATTERHORN RD JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 837 25th Road City St. Augustine FL Zip Code 32095-8409																
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 \$550.00		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																
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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>Sarah L. Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-7-08</u> Daytime Phone # <u>904-304-0538</u>																