

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90026 047 \*\*\*158.75

**DOCUMENT # P07000113731**

1. Entity Name

**BJ WILCO INC**



Principal Place of Business

**12551 SW 66TH ST.  
OCALA FL 34481**

Mailing Address

**12551 SW 66TH ST.  
OCALA FL 34481**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**71-1040241**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**WILSON, BARBARA  
12551 SW 66TH ST.  
OCALA FL 34481**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

(Signature, typed or printed name of registered agent and state, if applicable.)

(NOTE: Registered Agent signature required when not holding)

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WILSON, BARBARA**  
STREET ADDRESS **12551 SW 66TH ST.**  
CITY- ST- ZIP **OCALA FL 34481**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Barbara Wilson* **Barbara Wilson** **3/10/08** **352**  
**817-2953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #