

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P13957

1. Entity Name
WILSON DANIELS LTD. CORPORATION



Principal Place of Business
**1201 DOWDELL LANE
ST. HELENA, CA 94574 US**

Mailing Address
**P.O. BOX 440B
ST. HELENA, CA 94574**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
94-2584561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RABORN, WAYNE
419 OAK HILL DR
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDT
NAME	UNDERWOOD, VERNON O
STREET ADDRESS	15 ENTERPRISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	DVS
NAME	SMITH, JANET
STREET ADDRESS	15 ENTERPRISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	D
NAME	UNDERWOOD, JEFFREY
STREET ADDRESS	15 ENTERPRISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	P
NAME	FROMM, ANDREW
STREET ADDRESS	248 KENT AVE
CITY-ST-ZIP	KENTFIELD, CA 94904
TITLE	D
NAME	UNDERWOOD, CHRISTOPHEHER
STREET ADDRESS	15 ENTERPRISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	CFO
NAME	HAMANN, DENNIS
STREET ADDRESS	15 ENTERPISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656

U00000583223
01/11/07-80064-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #