

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13957

1. Entity Name  
WILSON DANIELS LTD. CORPORATION



**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

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

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



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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, CHRISTOPEHER
STREET ADDRESS	15 ENTERPRISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	CFO
NAME	HAMANN, DENNIS
STREET ADDRESS	15 ENTERPRISE, STE. 100
CITY-ST-ZIP	ALISO VIEJO, CA 92656

U00000954493  
07/14/08-80003-013 150.00

**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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Fromm

7/10/08

Date

Daytime Phone #