

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23928

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: G.L. WILSON BUILDING COMPANY

## Current Principal Place of Business:

190 WILSON PARK ROAD  
STATESVILLE, NC 28625 US

## New Principal Place of Business:

## Current Mailing Address:

190 WILSON PARK RD  
STATESVILLE, NC 286258506 US

## New Mailing Address:

FEI Number: 56-0473455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILSON, THOMAS L.,  
Address: WILSON PARK RD.  
City-St-Zip: STATESVILLE, NC 28625 US

Title: VD ( ) Delete  
Name: WILSON, WILLIAM W.,  
Address: 325 N. OAKWOOD DRIVE  
City-St-Zip: STATESVILLE, NC 28677 US

Title: S ( ) Delete  
Name: JOHNSON, MARGARET W.,  
Address: 5071 NC HWY 16 N  
City-St-Zip: TAYLORSVILLE, NC 28681 US

Title: VAS ( ) Delete  
Name: WILSON, JAMES D.,  
Address: 320 N. OAKWOOD  
City-St-Zip: STATESVILLE, NC 28677 US

Title: D (X) Delete  
Name: WILSON, JAMES D.,  
Address: 320 N. OAKWOOD  
City-St-Zip: STATESVILLE, NC 28677 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILSON, THOMAS L.,  
Address: 190 WILSON PARK RD.  
City-St-Zip: STATESVILLE, NC 28625 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: WILSON, JAMES D.,  
Address: 320 N. OAKWOOD  
City-St-Zip: STATESVILLE, NC 28677 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET W. JOHNSON

SEC

01/11/2007

Electronic Signature of Signing Officer or Director

Date