2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23928

Entity Name: G.L. WILSON BUILDING COMPANY

WILSON, JAMÉS D.,

STATESVILLE, NC 28677 US

320 N. OAKWOOD

Name: Address:

City-St-Zip:

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ON PARK ROA LLE, NC 2862				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
190 WILSON PARK RD STATESVILLE, NC 286258506 US				190 WILSON PARK ROAD STATESVILLE, NC 28625 US	
FEI Number:	56-0473455	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 S. PI	ORATION SYS NE ISLAND RO ON, FL 33324	OAD			
The above in the State		submits this statement for the pu	urpose of changing its registered	I office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (WILSON, THOI 190 WILSON F STATESVILLE,	ARK RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (WILSON, WILL 325 N. OAKWO STATESVILLE,	OOD DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, MA 5071 NC HWY	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET W. JOHNSON S 01/21/2008