

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State**DOCUMENT # P93000025521**

1. Entity Name

DAVID M. WILSON BUILDING CONTRACTOR, INC.



Principal Place of Business

31089 US HWY 19 N
PALM HARBOR, FL 34684 US

Mailing Address

31089 US HWY 19 N
PALM HARBOR, FL 34684 US**DO NOT WRITE IN THIS SPACE**

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0389554

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**WILSON, DAVID M
3593 FAIRWAY FOREST CIR
PALM HARBOR, FL 34685**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 fee if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WILSON, DAVID M
STREET ADDRESS	3593 FAIRWAY FOREST CIR
CITY- ST- ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
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CITY- ST- ZIP	

000000148385
05/03/04-80145-011 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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