

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Feb 01, 2006 08:00 AM
Secretary of State



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0389554 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

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000000414891
02/11/06-80062-010 150.00

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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: DAVID WILSON
PRESIDENT 1/28/06 727
787-6450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #