

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000017642

1. Entity Name
WILSON GREEN DEVELOPMENT, INC.



Principal Place of Business
1002 GARDENIA DR
TALLAHASSEE, FL 32312-3004 US

Mailing Address
1002 GARDENIA DR
TALLAHASSEE, FL 32312-3004 US

Star
FILED
04 AUG 18 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3238800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, DOROTHY C
1002 GARDENIA DR
TALLAHASSEE, FL 32312-3004

**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 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILSON, WILLIAM H
1002 GARDENIA DR.
TALLAHASSEE, FL 323123004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILSON, DOROTHY C
1002 GARDENIA DR.
TALLAHASSE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WILSON, WILLIAM H JR.
1002 GARDENIA DR.
TALLHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LEE-WILSON, MARY MARGARET
C/O 1002 GARDENIA DR.
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700040495017
08/25/04--01034--009 **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.

SIGNATURE: Dorothy C. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04
Date

385-1476
Daytime Phone #