

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**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**



04252005 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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, WILLIAM H  
STREET ADDRESS 1002 GARDENIA DR.  
CITY-ST-ZIP TALLAHASSEE, FL 323123004

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000335959  
04/27/05-80106-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: William H Wilson 4-26-05 \$50 3091476  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
President