

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 038 ***150.00

DOCUMENT # P94000017642

1. Entity Name
WILSON GREEN DEVELOPMENT, INC.



Principal Place of Business
**7010 TOWER RD
TALLAHASSEE, FL 32303 US**

Mailing Address
**7010 TOWER RD
TALLAHASSEE, FL 32303 US**

2. Principal Place of Business - No P.O. Box #
2350 Carefree Cove

3. Mailing Address
P.O. Box 1368

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308

Country

Zip
32302

Country

02072008 Chg-P CR2E034 (12/06)

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
7010 TOWER RD
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
Dorothy C. Wilson

Street Address (P.O. Box Number Is Not Acceptable)
2350 Carefree Cove

City
Tallahassee

FL Zip Code
32308

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, 2008 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
7010 TOWER RD

CITY - ST - ZIP
TALLAHASSEE, FL 32303

☐ Delete

TITLE
VP

NAME
WILSON, DOROTHY C

STREET ADDRESS
7010 TOWER RD

CITY - ST - ZIP
TALLAHASSEE, FL 32303

☐ Delete

TITLE
V

NAME
WILSON, WILLIAM H JR.

STREET ADDRESS
7010 TOWER RD

CITY - ST - ZIP
TALLAHASSEE, FL 32303

☐ Delete

TITLE
ST

NAME
LEE-WILSON, MARY MARGARET

STREET ADDRESS
C/O 7010 TOWER RD

CITY - ST - ZIP
TALLAHASSEE, FL 32303

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME
Wilson, William H

STREET ADDRESS
2350 Carefree Cove

CITY - ST - ZIP
Tallahassee, FL 32308

☒ Change ☐ Addition

TITLE

NAME
Wilson, Dorothy C.

STREET ADDRESS
2350 Carefree Cove

CITY - ST - ZIP
Tallahassee, FL 32308

☒ Change ☐ Addition

TITLE

NAME
Wilson, William H. Jr.

STREET ADDRESS
6971 Tower Road

CITY - ST - ZIP
Tallahassee, FL 32303

☒ Change ☐ Addition

TITLE

NAME
Lee-Wilson, Mary Margaret

STREET ADDRESS
557 Oak Hill Rd.

CITY - ST - ZIP
Cairo, GA 31728

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #