2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P94000017642

Entity Name: WILSON GREEN DEVELOPMENT, INC.

Current Principal Place of Business:

2350 CAREFREE COVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

POB 1368
TALLAHASSEE, FL 32302 US

New Mailing Address:

1713 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

FEI Number: 59-3238800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DOROTHY C
2350 CAREFREE COVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, WILLIAM H
Address: 2350 CAREFREE COVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: WILSON, DOROTHY C
Address: 2350 CAREFREE COVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete
Name: WILSON, WILLIAM H JR.
Address: 6971 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST ( ) Delete
Name: LEE-WILSON, MARY MARGARET
Address: 557 OAK HILL RD
City-St-Zip: CAIRO, GA 31728

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY C. WILSON VP 04/30/2009

Electronic Signature of Signing Officer or Director Date