

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90089 008 \*\*\*150.00

<b>DOCUMENT # P94000090122</b>					
<b>1. Entity Name</b> WILDER COMMUNICATIONS, INC.					
<b>Principal Place of Business</b> 14 WHITE STREET, WEST ST. AUGUSTINE, FL 32080 US			<b>Mailing Address</b> 14 WHITE STREET, WEST ST. AUGUSTINE, FL 32080 US		
<b>2. Principal Place of Business</b> 414 River Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 414 River Street Suite, Apt. #, etc.		03292005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> PALATKA, FLORIDA Zip: 32177    Country: USA		<b>City &amp; State</b> PALATKA, FLORIDA Zip: 32177    Country: USA		<b>4. FEI Number</b> 59-3280299	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HAGLER, KENNETH D 3 PALM ROW ST. AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL    Zip Code: _____		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: V NAME: WILDER, CAROLE STREET ADDRESS: 14 WHITE STREET WEST CITY-ST-ZIP: SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 414 River Street CITY-ST-ZIP: PALATKA, FLORIDA 32177		
TITLE: P NAME: WILDER, JOHN D. STREET ADDRESS: 14 WHITE STREET, WEST CITY-ST-ZIP: ST. AUGUSTINE BEACH, FL 32084	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 414 River Street CITY-ST-ZIP: PALATKA, FL. 32177		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John D. Wilder</u> <b>John D. Wilder</b>			3/31/05    386-326-9836		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		