

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90003 017 ***150.00

DOCUMENT # P94000090122

1. Entity Name
WILDER COMMUNICATIONS, INC.



Principal Place of Business
1724 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092 US

Mailing Address
1724 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092 US

40022360



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

24 ROUND THORN DRIVE
Suite, Apt. #, etc.

3. Mailing Address

24 ROUND THORN DRIVE
Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State
PALM COAST, FLORIDA

City & State
PALM COAST, FLORIDA

4. FEI Number
59-3280299

Applied For
Not Applicable

Zip
32164 Country
USA

Zip
32164 Country
USA

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

6. Name and Address of Current Registered Agent

HAGLER, KENNETH D
3 PALM ROW
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WILDER, CAROLE
1724 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILDER, JOHN D.
1724 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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:

John D. Wilder **John D. Wilder**

2/6/07 **386-586-0012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #