

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000090669

1. Entity Name  
WILSTO, INC.



Principal Place of Business

2824 NE BOIES AV  
UBM# BTFP-QM43419!!!!VT

1713 MAHAN DR  
TALLAHASSEE FL 32308

Mailing Address

2824 NE BOIES AV  
UBM# BTFP-QM43419!!!!VT

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WILLIAM, J. VERN  
1713 MAHAN DRIVE  
TALLAHASSEE, FL 32308

40045930



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3300727	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**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

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 D  
NAME STOWELL, DOUGLAS L  
STREET ADDRESS 1713 MAHAN DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D  
NAME WILLIAMS, J. VERN  
STREET ADDRESS 1713 MAHAN DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

850

SIGNATURE: *J. Vern Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Vern Williams 3-10-08 878-8777

Date

Daytime Phone #