## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000008146

1. Entity Name
WILSON POWER, INC.



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1441 BANKS RD MARGATE, FL 33063 US 1441 BANKS RD MARGATE, FL 33063

US

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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0548471

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JAMES M 1441 BANKS ROAD MARGATE, FL 33063

## DO NOT WRITE IN THIS SPACE

			IN THIS STAGE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered	Agent signatur	e required when reinstaling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution."	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILSON, JAMES M 1441 BANKS ROAD MARGATE, FL 33063				U00000579349
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000579349 01/10/07-80003-016 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 #