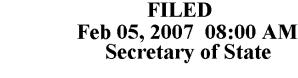
2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) O THE STORY DOCUMENT # P95000009335



1. Entity Nam	B. WILSON, INC.			Secretary of State						
			iling Address							
14015 IVYLGAIL DRIVE NORTH 140 JACKSONVILLE FL 32225 JAC			015 IVYLGAIL DRIVE NORTH CKSONVILLE FL 32225							
2. Principal P	Place of Business - No P.O.	Box # 3. Ma	iling Address	-		-				· =
Suite, Apt. #, etc.			Suito, Apt. #, etc.			1s	t MOORE	CR2E03	4 (10/06)	
Cily & State			City & State			4. FEI Numb	^{or} 59-33526	98	-	Applied For Not Applicable
Zip Country		Zip	Country		/	5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	
	6. Name and Address	of Current Register	ed Agent	`		7. Name and	Address of New	Registered	Agent	
WILSON, SUSAN B. 14015 IVYGAIL DRIVE NORTH JACKSONVILLE FL 32225			<u></u>		Name Stroot Address (P.O. Box Number is Not Acceptable)					
						P.O. BOX NUMB	er is Not Acceptat			
				-	City		· · · · · · · · · · · · · · · · · · ·	FI	Zip Co	do
	named entity submits this ions of registered agent.	statement for the purp	ose of changing its	s rogistored	office or register	red agent, or bo	th, in the State of F	Florida. I an	ı familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of r	egistered agent and title if api	olicable. (NOT	É. Rogisiered A	igeni signatura raquiro	(when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Cam Trust Fund Co			.00 May Be
10.		CERS AND DIRECTO	I PRS	11.		ADDITIONS,	CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11
TITLE NAME STRULL ADDRESS	PS WILSON, SUSAN B 14015 IVYLGAIL DRIVE		☐ Delete	NAME SIRFFI ADDRESS		U00000620319 Change Addition 02/09/07-80032-012 150.00				
CHY-SI-7IP	JACKSONVILLE FL 322	225	Dolete	CHY-S HILE	I - 7(P				Change	Addition
NAMU. STREET ADDRESS CHY-ST-7IP			E partie	NAME.	ADDRESS (- J	
NAMI STREET ADDRESS CITY-ST-7IP			☐ Defete	TITLE NAMÉ	ADDRESS				☐ Change	Addition
HIIII NAMI STRUTT ADDRESS CHY-ST-ZIP			□ Delete	TITLE NAME. STREET CITY-S	ADORESS 1-ZIP				☐ Change	Addition
DITE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	NAME STREET CITY-SE	ADDRESS 1-7IP				Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-7IP			Delete	NAME STREET CITY-S	ADDRESS 1-71P				☐ Change	Addition

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos: 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the regover or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attack priorit with an address, with all other like empowered.

Susan B. Wilson 1-31-07 904.221-0241 **SIGNATURE**&