


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000010376</b> 1. Entity Name <b>WILDASIN ENTERPRISES, INC.</b>		
Principal Place of Business <b>629 E VENICE AVE VENICE, FL 34292 US</b>	Mailing Address <b>629 E VENICE AVE VENICE, FL 34292 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="display: flex; justify-content: space-between;"> <span>03272006</span> <span>No Chg-P</span> <span>CRZE034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number  <b>65-0548789</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">             6. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <b>\$8.75</b> Additional Fee Required           </div> </div>		
6. Name and Address of Current Registered Agent  <b>WILDASIN, BRYAN L 629 E VENICE AVE VENICE, FL 34292</b>		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE: <u><i>Bryan L Wildasin</i></u> <span style="float: right;">3-28-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	PD	
NAME	WILDASIN, BRYAN	
STREET ADDRESS	392 TRINITY RD	
CITY-ST-ZIP	VENICE, FL	
TITLE	ST	
NAME	WILDASIN, SANDY	
STREET ADDRESS	392 TRINITY RD	
CITY-ST-ZIP	VENICE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>Bryan Wildasin</i></u> <b>BRYAN WILDASIN</b> <span style="float: right;">3-28-06 941-484-422</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>		



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**DO NOT WRITE  
IN THIS SPACE**