

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90094 010 ***158.75

DOCUMENT # P95000018135

1. Entity Name
WILSON TRAVEL GROUP, INC.



Principal Place of Business
**8505 W IRLO BRONSON MEM HWY
KISSIMMEE, FL 34747-8201**

Mailing Address
**8505 W IRLO BRONSON MEM HWY
KISSIMMEE, FL 34747-8201**

20028667



01192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3306307		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, SPENCE			NAME			
STREET ADDRESS	1629 WINCHESTER ROAD			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38116			CITY-ST-ZIP	See attached list of Officers		
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRILL, DON L			NAME			
STREET ADDRESS	8505 W IRLO BRONSON MEM HWY			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34747			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, ROBERT A			NAME			
STREET ADDRESS	1629 WINCHESTER RD.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38116			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATT, WILLIAM R			NAME			
STREET ADDRESS	1629 WINCHESTER RD.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38116			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, CAROLE W			NAME			
STREET ADDRESS	1629 WINCHESTER RD.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38116			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, BETTY W			NAME			
STREET ADDRESS	1629 WINCHESTER RD.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38116			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: Don L. Harrill Don L. Harrill 3/30/06 407.239.5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

20028667
#P9500018135

WILSON TRAVEL GROUP, INC.
(FEI # 59-3306307)

8700 Trail Lake Dr. West, Suite 300
Memphis, TN 38125

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	T
Gary McClain	S

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Don L. Harrill	P/CEO
Brian T. Lower	Sr. VP/Asst. S
Thomas R. Nelson	Sr. VP/CFO
Robert L. Shaw	VP
Catherine Ann Duncan	Asst. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant