2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000051369

1. Entity Name

CITY-ST-7IP

RONALD L. WILSON INSURANCE AGENCY, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

13604 SR 84-SHENANDOAH SQUARE DAVIE, FL 33325

13604 SR 84-SHENANDOAH SQUARE **DAVIE, FL 33325**



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04212007 Applied For 4. FEI Number 65-0595924 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WILSON, RONALD L 13604 SR 84-SHENANDOAH SQUARE **DAVIE, FL 33325**

DO NOT WRITE IN THIS SPACE

the obligat : SIGNATURE_	named entity submits this statement for the plants of registered agent.	ourpose of changing its regis	tered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9.xElection Campaign Fi			
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RONALD L 13604 SR 84 SHENANDOAH SQUAR DAVIE, FL 33325	E	U00000741798 05/15/07-80043-015 150.00		
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TITLE NAME	i de la companya de l				
Street address.	and the grade to be a				

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.