


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000064338 1. Entity Name WILSON EQUIPMENT REPAIR, INC.	
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Principal Place of Business 2451 SW 43RD TERR FT LAUDERDALE, FL 33317 US	Mailing Address 2451 SW 43RD TERR FT LAUDERDALE, FL 33317 US
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0603394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, CRAIG T 2451 SW 43RD TERR FT LAUDERDALE, FL 33317
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000060041 02/23/04-80024-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, CRAIG T 2451 SW 43 TERR FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, JOANNE 2451 SW 43 TERR FORT LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

2-17-04