

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90272 021 ***150.00

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1. Entity Name

ROGER L. WILSON, O.D., P.A.



Principal Place of Business

1963 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

Mailing Address

1963 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3367513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROGER L
121 NATURES WAY
PONTE VEDRA BEACH, FL 32082

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WILSON, ROGER L
1963 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

mailing address
change.

110 Solana Rd
Ponte Vedra Beach, FL
32082

[Signature]

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 #