


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

01-11-2008 90076 024 ***150.00

DOCUMENT # P96000033115			
1. Entity Name WILDER LEASING & MANAGEMENT, INC.			
Principal Place of Business 2706 ALTERNATE 19 N SUITE 113 PALM HARBOR, FL 34683		Mailing Address 2706 ALTERNATE 19 N SUITE 113 PALM HARBOR, FL 34683	
2. Principal Place of Business - No P.O. Box # 2706 ALTERNATE 19 N.		3. Mailing Address 2706 ALTERNATE 19 N.	
Suite, Apt. #, etc. SUITE 271		Suite, Apt. #, etc. SUITE 271	
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL	
Zip 34683	County PINELLAS	Zip 34683	County PINELLAS
6. Name and Address of Current Registered Agent WILDER, JAMES R 2706 ALTERNATE 19 N SUITE 113 PALM HARBOR, FL 34683		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 <u>James R. Wilder</u> JAMES R. WILDER DATE <u>JAN. 6, 2008</u> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, JAMES R 2706 ALTERNATE 19 N., SUITE 271 PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4. FEI Number
59-3381856 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James R. Wilder JAMES R. WILDER 2/4/08 727-7875777

ATTACHMENT

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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:

James R. Wilder JAMES R. WILDER 1/6/08 727-787-9999