
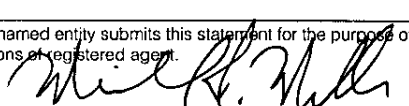



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000075254</b> 1. Entity Name <b>WILSON MARKETING, INC.</b>						<b>FILED</b> 04 NOV 17 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2151 E SEMORAN BLVD APOPKA, FL 32703</b>				Mailing Address <b>2151 E SEMORAN BLVD APOPKA, FL 32703</b>			
2. Principal Place of Business <b>15438 North Florida Ave</b> Suite, Apt. #, etc. <b>Suite 202</b>				3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>				City & State			
Zip <b>33613</b>		Country		Zip		Country	
4. FEI Number <b>59-3399637</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BAUMGARDNER, WILLIAM L JR. 2151 E SEMORAN BLVD APOPKA, FL 32703</b>				7. Name and Address of New Registered Agent Name <b>Michael R. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>15438 North Florida Ave</b> <b>Suite 202</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33613</b>			
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  DATE <b>11/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>BAUMGARDNER, WILLIAM L JR</b> STREET ADDRESS <b>2151 E.SEMORAN BLVD</b> CITY-ST-ZIP <b>APOPKA, FL 32703</b>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>6000 Fairview Rd.</b> CITY-ST-ZIP <b>Charlotte, NC 28210</b>			
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>BAUMGARDNER, ANNA K</b> STREET ADDRESS <b>2151 E.SEMORAN BLVD</b> CITY-ST-ZIP <b>APOKA, FL 32703</b>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>6000 FAIRVIEW RD</b> CITY-ST-ZIP <b>Charlotte, NC 28210</b>			
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>BAUMGARDNER, BRIAN J</b> STREET ADDRESS <b>2151 E.SEMORAN BLVD</b> CITY-ST-ZIP <b>APOKA, FL 32703</b>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>6000 Fairview Rd.</b> CITY-ST-ZIP <b>Charlotte NC 28210</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>April 15, 2004</b> Daytime Phone # <b>704-516-0517</b>			

  
**REINSTATEMENT 2004**  
04132004 Chg-P ICR2E034 (10/03)