


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00
Secretary of State

DOCUMENT # P96000075254		
1. Entity Name WILSON MARKETING, INC.		
Principal Place of Business 15438 NORTH FLORIDA AVENUE SUITE 202 TAMPA, FL 33613		Mailing Address 15438 NORTH FLORIDA AVENUE SUITE 202 TAMPA, FL 33613
DO NOT WRITE IN THIS SPACE		
		01262006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3399637		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		
MILLER, MICHAEL R 15438 NORTH FLORIDA AVENUE SUITE 202 TAMPA, FL 33613		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000417106 02/13/06-80042-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARDNER, WILLIAM L JR 6000 FAIRVIEW ROAD CHARLOTTE, NC 28210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMGARDNER, ANNA K 6000 FAIRVIEW ROAD CHARLOTTE, NC 28210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUMGARDNER, BRIAN J 6000 FAIRVIEW ROAD CHARLOTTE, NC 28210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>T. A. B. J.</u>		<u>1/31/2006</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #