

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000091713

Entity Name: W.R. WILSON COMPANY, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20902 CEDAR BLUFF PL  
LAND O' LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1997  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 59-3411125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, WILLIAM R JR  
600 BY PASS DRIVE  
SUITE #113  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, WILLIAM R JR  
Address: 20902 CEDAR BLUFF PLACE  
City-St-Zip: LAND O' LAKES, FL 34638

Title: S  
Name: WILSON, NOVENDA A  
Address: 20902 CEDAR BLUFF PLACE  
City-St-Zip: LAND O' LAKES, FL 34638

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R WILSON JR

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date