


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000089622 1. Entity Name WILSON SPRINGS, INC.	
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Principal Place of Business 321 N. MARION AVE LAKE CITY FL 32055	Mailing Address 321 N. MARION AVE LAKE CITY FL 32055
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-3482786	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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6. Name and Address of Current Registered Agent WILSON, HUGH A 321 N. MARION AVE LAKE CITY FL 32055	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH A WILSON JR **HUGH A WILSON JR** VPO **2-25-05** **386-7521236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #