2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000089622

1. Entity Name

WILSON SPRINGS, INC.

Principal Place of Business	Mailing Address
321 N. MARION AVE LAKE CITY FL 32055	321 N. MARION AVE LAKE CITY FL 32055

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

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3482786 — Applied For / Not Applicat

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, HUGH A 321 N. MARION AVE LAKE CITY FL 32055	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 acc the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VPO NAME WILSON, HUGH A STREET ADDRESS 321 N. MARION AVE CITY-ST-ZIP LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE S NAME WEBER, PENNY W STREET ADDRESS 361 30TH PL CITY-ST-ZIP GAINESVILLE FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000486957 04/13/06-80059-002 150.00
TITLE D NAME LOWERY, SUSON STREET ADDRESS 2301 PARGOUD BLVD. CITY-ST-ZIP MONROE LA 71201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE T NAME LOWERY, JAMES STREET ADDRESS 2301 PARGOUD BLVD CITY-ST-ZIP MONROE LA 71201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE D NAME WILSON, MARK W STREET ADDRESS 4301 TRADEWINDS DR CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE P NAME WILSON, HUGH A SR STREET ADDRESS 321 N. MARION AVE CITY-ST-ZIP LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dire 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 Bloc if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VPO 386 752 1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #