


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P97000089622

1. Entity Name
WILSON SPRINGS, INC.



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc State, Apt. #, etc

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

WILSON, HUGH A
321 N. MARION AVE
LAKE CITY FL 32055

4. FEI Number Applied For

59-3482786 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when sole filer)

FILE NOW!!! FEES \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYE, PATTIE D	NAME	
STREET ADDRESS	1901 SPANN ST	STREET ADDRESS	000000861715
CITY-ST-ZIP	HOUSTON TX 77019	CITY-ST-ZIP	04/03/08-80020-006 150.00
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, PENNY W	NAME	
STREET ADDRESS	361 30TH P[L	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, SUSON	NAME	
STREET ADDRESS	2301 PARGOUD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MONROE LA 71201	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, JAMES	NAME	
STREET ADDRESS	2301 PARGOUD BLVD	STREET ADDRESS	
CITY-ST-ZIP	MONROE LA 71201	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARK W	NAME	
STREET ADDRESS	4301 TRADEWINDS DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HUGH A	NAME	
STREET ADDRESS	321 N. MARION AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	

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 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: Hugh A Wilson President 3-12-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date