

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089622

Entity Name: WILSON SPRINGS, INC.

FILED  
Mar 17, 2010  
Secretary of State

**Current Principal Place of Business:**

321 N. MARION AVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

321 N. MARION AVE  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 59-3482786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TYE, PATTIE D  
Address: 1901 SPANN ST  
City-St-Zip: HOUSTON, TX 77019

Title: S  
Name: WEBER, PENNY W  
Address: 361 30TH P[L  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: LOWERY, SUSAN  
Address: 2301 PARGOUD BLVD.  
City-St-Zip: MONROE, LA 71201

Title: VPT  
Name: LOWERY, JAMES  
Address: 2301 PARGOUD BLVD  
City-St-Zip: MONROE, LA 71201

Title: D  
Name: WILSON, MARK W  
Address: 4301 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P  
Name: WILSON, HUGH A  
Address: 321 N. MARION AVE  
City-St-Zip: LAKE CITY, FL 32055

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: HUGH A. WILSON

P

03/17/2010

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

\_\_\_\_\_ Date