

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90408 020 ***150.00

DOCUMENT # P98000107990

1. Entity Name
WILSON COMMERCIAL MANAGEMENT COMPANY



Principal Place of Business
**655 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33607**

Mailing Address
**655 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33607**

50012607



03172006 Chg-P CR2E034 (11/05)

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
59-3561430

Applied For
Not Applicable

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

**STOREY, BRENDA H
655 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602**

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

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 DPT ☐ Delete
NAME WILSON, CAROLYN
STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP TAMPA, FL 33602

TITLE AS ☐ Change ☒ Addition
NAME Lauren J. Meyer
STREET ADDRESS 655 N. Franklin St., Suite 2200
CITY-ST-ZIP Tampa, FL 33602

TITLE CFOS ☐ Delete
NAME STOREY, BREDNA
STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Brenda H. Storey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 2006

813-281-8888

Date

Daytime Phone #

Brenda H. Storey
Chief Financial Officer