## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P99000006338** 1. Entity Name 04-20-2005 90353 008 \*\*\*150.00 WILSON BROTHERS CONSTRUCTION CO. Principal Place of Business Mailing Address 3820 WILKINSON RD. 3820 WILKINSON RD. SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 6911 Proctor Rd 3. Mailing Address Procto-Rd 6911 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 65-0889696 SACASUTA SAMASOTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON WILSON, ALBERT C 3820 WILKINSON RD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 6911 Proctor City SAFASOTA 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 F the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PWILSON, PHILIP R. Change 6911 Proctor Rd. THILE ☐ Delete TITE NAME WILSON, PHILIP R NAME STREET ADDRESS STREET ADDRESS 4911 BRYWILL CIR SALASOTA FL 34241 CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME WILSON, ALBERT C NAME 3820 WILKINSON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP Change Délete Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 if changed, or on an attachment with an address, with all other like empowered.

FILED