

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000063557

**Entity Name:** ALEX C. WILSON WELLNESS CO.

**Current Principal Place of Business:**

2220 W FIRST ST.  
APT 236  
FORT MYERS, FL 33901

**Current Mailing Address:**

2220 W FIRST ST  
APT 236  
FORT MYERS, FL 33901 US

**FEI Number:** 84-2888854

**Certificate of Status Desired:** No

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

WILSON, ALEXANDRA C  
2220 W FIRST ST.  
APT 236  
FORT MYERS, FL 33901 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            WILSON, ALEXANDRA C  
Address        2220 W FIRST ST.  
                  APT 236  
City-State-Zip: FORT MYERS FL 33901

*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:** ALEXANDRA C. WILSON

CEO

01/10/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date