

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100416

Entity Name: WILSON ENTERPRISES, INC.**Current Principal Place of Business:**116 JULIA WAY
GULF BREEZE, FL 32561**Current Mailing Address:**PO BOX 1508
GULF BREEZE, FL 32562**FEI Number:** 65-0965094**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, ROBERT
116 JULIA WAY
GULF BREEZE, FL 32561 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	P
Name	WILSON, ROBERT
Address	116 JULIA WAY
City-State-Zip:	GULF BREEZE FL 32561

Title	DIRECTOR
Name	WILSON, NICHOLAS A
Address	116 JULIA WAY
City-State-Zip:	GULF BREEZE FL 32561

Title	VP
Name	TIFFANY-WILSON, CHRISTA E
Address	116 JULIA WAY
City-State-Zip:	GULF BREEZE FL 32561

Title	DIRECTOR
Name	WILSON, PAYTON T
Address	116 JULIA WAY
City-State-Zip:	GULF BREEZE FL 32561

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: CHRISTA TIFFANY-WILSON

VICE PRESIDENT

03/10/2022

Electronic Signature of Signing Officer/Director Detail_____
Date