

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 769484

1. Entity Name
WINEGARD, INC.



Principal Place of Business
5915 WINEGARD ROAD
ORLANDO, FL 32809

Mailing Address
6060 S. ORANGE AVE.
ORLANDO, FL 32809 US



02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2568455

Applied For
Not Applicable

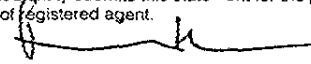
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, PARMANAND
6060 S ORANGE AVE
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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 reestablishing)

DATE

2/7/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000077642
03/05/04-80051-015 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SINGH, PARMANAND
STREET ADDRESS 6060 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE SD
NAME COOK, FRANK
STREET ADDRESS 700 N. DENNING STE. 2
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE TD
NAME TOMENGO, MARY
STREET ADDRESS 548 TELLIS CT.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE SD
NAME FERRER, NOEMI
STREET ADDRESS 560 TRELIS CT.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE D
NAME SABATI, MAX
STREET ADDRESS 128 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/04 407 812 7350