2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F80865

1. Entity Name

Principal Place of Business

27655 JONES LOOP RD

SIGNATURE: _

ELI WINESETT & SONS, INC.

PUNTA GORDA, FL 33982-2300 US



Mailing Address

P.O. DRAWER 610 FT MYERS, FL 33902 US

FILED Apr 23, 2004 08:00 AM Secretary of State



DO	NOT	WRITE	IN THIS	SPACE
----	------------	--------------	---------	-------

6. Name and Address of Current Registered Agent

04122004 No Chg-P CR2E034 (10/03)

_		 \$8.7	5	Additional
	59-2193329			Not Applicable
4.	FEI Number			Applied For

Certificate of Status Desired

WESSETT 04/21/04 239-334-7040

Fee Required

WINESETT, RICHARD W
2248 FIRST STREET
FT MYERS, FL 33901
1 1 MILEKO'LE 20201

DO NOT WRITE IN THIS SPACE

							_	
8. The above	named entity submits this statement for the pur	pose of changing its registered	office or registered as	gent, or both, i	n the State of Florid	a. I am familiar wi	th, and accept	
the obligations of registered agent.								
SIGNATURE / HARVEY W. WWW. 7 120/04								
	Signature, typed or printed name of regimered agent and title if	applicable (NOTE Registered	Agent signature required wit	nen reinstyling)	7	DATE		
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	ing \$5.00	O May Be to Fees	U000001 04/23/64-8	27471 10075-015_	150.00		
10.	OFFICERS AND DIRECT	TORS		. ·				
TITLE	DP							
NAME	WINESETT, RICHARD W							
STREET ADDRESS CITY-ST-ZIP	1574 PASSAIC AVE FT. MYERS, FL 33901	-	-					
						-	4	
TITLE	DVST				_		.—	
NAME STREET ADDRESS	WINESETT, ROBERT A 2652 CORTEZ BLVD							
GITY-ST-ZIP	FT. MYERS, FL 33901							
TITLE	v							
NAME	WINESETT, NATHAN S.							
STREET ADDRESS	1574 PASSAIC AVE							
CITY-ST-ZIP	FT. MYERS, FL 33901			DO	NOT WF	RITE		
TITLE				INI T		\ <u></u>	-	
NAME				IIN	THIS SPA	4CE		
STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS CITY-ST-ZIP								
			ele e				. <u> </u>	
TITLE NAME								
STREET ADDRESS								
CITY-ST-ZIP								
12. I hereby certify that the information subplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information inclicated 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 coporation 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 without an address, with all other like empowered.								
1 2,,,900;	acadomin'syn may an acagnoss, with an y	A in this outbodies	,					