2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P00000024723

1. Entity Name



FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90080 032 ***150.00

| F.E. WINBERRY PAINT & SCREEN CO., INC. | | | | | | |
|---|---------------------------|---|---------------|--|---|--|
| Principal Place | e of Business | Mailing Address | | | | |
| 3805 MICKLER ROAD PONTE VEDRA BEACH FL 32082 | | - 3805 MICKLER ROAD PONTE VEDRA BEACH FL 32082 | | | ~ | |
| Principal Place of Business 3. Mailing Address | | | | | | |
| • | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE CR2E034 (11/03) | |
| City & State | | City & State | | - | 4. FEI Number 59-3627880 Applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | |
| WINDERDY FRANK F | | | | ne | | |
| WINBERRY, FRANK E 3805 MICKLER ROAD PONTE VEDRA BEACH FL 32082 | | | Stre | Street Address (P.O. Box Number is Not Acceptable) | | |
| FON | NIE VEDNA BEACH FE 32 | .002 | City | | | |
| | | | City | | FL Zip Code | |
| 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 reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. | OFFICERS AN | ID DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| | WINBERRY, FRANK E | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | 3805 MICKLER ROAD | 10 | STREET ADDR | ESS | | |
| | PONTE VEDRA BEACH FL 3208 | | CITY-ST-ZIP | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | STREET ADDR | ESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | - | | |
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| CITY-ST-ZIP | - | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDR | ESS | | |
| CITY-ST-ZIP | | (A. A. 1. 1. 200) | CITY-ST-ZIP | | | |
| 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. | | | | | | |