
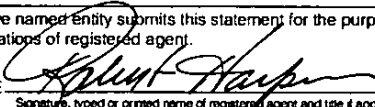
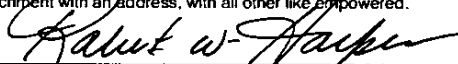


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90178 010 ***150.00

DOCUMENT # H52082 1. Entity Name WIN-MIL-NO CORP					
Principal Place of Business 4504 PILTENDER DR SARASOTA, FL 34234 US			Mailing Address 4504 PILTENDER DR SARASOTA, FL 34234 US		
2. Principal Place of Business 4402 PILTENDER DR		3. Mailing Address 4402 PILTENDER DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA		City & State SARASOTA		4. FEI Number 59-2500069	
Zip 34234		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANDIS, MIKE 4142 EDAM ST SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name PAT - MAXWELL Street Address (P.O. Box Number is Not Acceptable) 3917 GUILDER ST SARASOTA FL 34234 City SARASOTA FL Zip 34234			
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  2/24/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME KANDIS, MIKE STREET ADDRESS 4142 EDAM STREET CITY-ST-ZIP SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME PAT MAXWELL STREET ADDRESS 3917 GUILDER ST CITY-ST-ZIP SARASOTA FL 34234	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SHARKEY, KENNETH STREET ADDRESS 3706 EDAM ST. CITY-ST-ZIP SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete		TITLE CONSTANCE MCNAMARA NAME 3709 COPENHAGEN STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HARPER, ROBERT STREET ADDRESS 3913 VOORNE ST CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE T NAME ROBERT HARPER STREET ADDRESS 4402 PILTENDER DR CITY-ST-ZIP SARASOTA FL 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME KANDIS, JACKIE STREET ADDRESS 4142 EDAM STREET CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE S NAME KANDIS JACKIE STREET ADDRESS 4142 EDAM ST CITY-ST-ZIP SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			Date 941-358 0636 <small>Daytime Phone #</small>		