
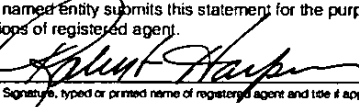
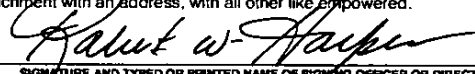


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 PILTENGER DR SARASOTA, FL 34234 US		Mailing Address 4504 PILTENGER DR SARASOTA, FL 34234 US	
2. Principal Place of Business 4402 PITTENGER DR		3. Mailing Address 4402 PITTENGER DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA		City & State SARASOTA	
Zip 34234	Country USA	Zip 34234	Country USA
4. FEI Number 59-2500069		Applied For Not Applicable	
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): 3717 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:  DATE: 2/24/05 <small>Signature, typed or printed name of registered agent and title 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: 3717 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 M'NAMARA 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 PITTENGER 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 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	