

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002723

Entity Name: WINSLOW SERVICES, INC.**Current Principal Place of Business:**11700 S.W. WINSLOW DR.
LAKE SUZY, FL 34269**Current Mailing Address:**11700 S.W. WINSLOW DR.
LAKE SUZY, FL 34269**FEI Number:** 56-2434863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | FALLETTI, DAPHNE |
| Address | 11700 S.W. WINSLOW DR. |
| City-State-Zip: | LAKE SUZY FL 34269 |

| | |
|-----------------|-------------------------|
| Title | VP, TREASURER, DIRECTOR |
| Name | PORTER, DAVID L. |
| Address | 11700 S.W. WINSLOW DR. |
| City-State-Zip: | LAKE SUZY FL 34269 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | MORALES, DIANA |
| Address | 11700 S.W. WINSLOW DR. |
| City-State-Zip: | LAKE SUZY FL 34269 |

| | |
|-----------------|------------------------|
| Title | ASSISTANT SECRETARY |
| Name | HAINES, VICTORIA M. |
| Address | 11700 S.W. WINSLOW DR. |
| City-State-Zip: | LAKE SUZY FL 34269 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA M. HAINES**ASSISTANT SECRETARY** 04/14/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date