2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 227967

1. Entity Name
WINSTON GROVE CORP

Principal Place of Business	Mailing Address
P.O. BOX 65 POINSETTIA AVE. E. OF 3RD ST. ALTURAS, FL 33820	P.O. BOX 65 POINSETTIA AVE. E. OF 3RD ST. ALTURAS, FL 33820

DO NOT WRITE IN THIS SPACE

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-0889522	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERDUE,J W
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS, FL 33820

DO NOT WRITE IN THIS SPACE

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	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERDUE,J W
STREET ADDRESS	POINSETTIA AVE E OF 3 ST
CITY-ST-ZIP	ALTURAS, FL
TITLE	ST
NAME	DONAHUE, SUSAN E
STREET ADDRESS	2065 FLAMINGO DR
CITY-ST-ZIP	BARTOW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000025996
02/02/04-80127-021 150.00

DO NOT WRITE IN THIS SPACE

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: _J.W. Perdue_   J.W. PERdue   1/29/04   863 537-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #