

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90155 029 ***150.00

DOCUMENT # 227967

1. Entity Name
WINSTON GROVE CORP



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

Mailing Address
**P.O. BOX 65
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS, FL 33820**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PERDUE, J W
POINSETTIA AVE E OF 3 ST
ALTURAS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DONAHUE, SUSAN E
2065 FLAMINGO DR
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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *JW Perdue - JW Perdue March 4 2006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

863-537-1110
Daytime Phone #