


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90025 010 \*\*\*150.00

**DOCUMENT # 327901**  
 1. Entity Name  
**WINWOOD MOTOR LODGE INC**



Principal Place of Business  
**505 SOUTHEAST 18 STREET  
 FT LAUDERDALE, FL 33316**

Mailing Address  
**505 SOUTHEAST 18 STREET  
 FT LAUDERDALE, FL 33316**

**54061641**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1233489**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**FARRUGIA, JOSEPH**  
**505 SE 18TH ST**  
**FORT LAUDERDALE, FL 33316**

**7. Name and Address of New Registered Agent**  
 Name **WILLIAM J. FARRUGIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 SE 18 ST**  
 City **Fort Laud FL** FL Zip Code **33316**

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 *William J. Farrugia* DATE **6-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FARRUSIA, MARY	
STREET ADDRESS	505 SE 18TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARRUGIA, WILLIAM JOSEPH	
STREET ADDRESS	505 SE 18TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRUGIA, MARY E	
STREET ADDRESS	505 S.E. 18TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FARRUGIA, MARY E	
STREET ADDRESS	505 S.E. 18TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William J. Farrugia* **WILLIAM J. FARRUGIA** DATE **6-30-04** DAYTIME PHONE # **954-524-7448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR