
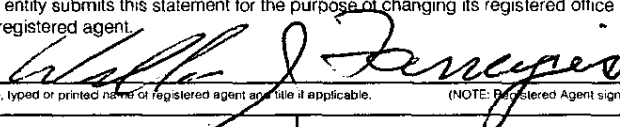
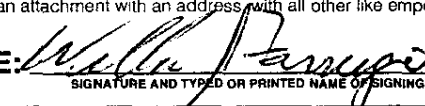


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FARRUGIA, JOSEPH 505 SE 18TH ST FORT LAUDERDALE, FL 33316				Name WILLIAM J. FARRUGIA Street Address (P.O. Box Number is Not Acceptable) 505 SE 18 ST City FT 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:  DATE: 6-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRUGIA, MARY	NAME			
STREET ADDRESS	505 SE 18TH ST	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRUGIA, WILLIAM JOSEPH	NAME			
STREET ADDRESS	505 SE 18TH ST	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRUGIA, MARY E	NAME			
STREET ADDRESS	505 S.E. 18TH ST.	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRUGIA, MARY E	NAME			
STREET ADDRESS	505 S.E. 18TH ST.	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 6-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54061641



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

FL 33316

6-30-04

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	FARRUGIA, 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		
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CITY-ST-ZIP		

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SIGNATURE:  **WILLIAM J. FARRUGIA** **6-30-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-524-7448