

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90301 006 ***150.00

DOCUMENT # 453023

1. Entity Name
WINGARD LAND COMPANY



Principal Place of Business
**1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 34787-4342**

Mailing Address
**1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 34787-4342**

2. Principal Place of Business
4512 CONE FLOWER CT

3. Mailing Address
4512 CONE FLOWER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ACWORTH GA

City & State
ACWORTH GA

4. FEI Number
59-1533266

Applied For
☐ Not Applicable

Zip
30102

Country
USA

Zip
30102

Country
USA

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

6. Name and Address of Current Registered Agent

**GILLI, HARRY R
1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 34787-4342**

7. Name and Address of New Registered Agent

Name
DAVIS, MARTIEL D

Street Address (P.O. Box Number is Not Acceptable)
346 E 5TH AVE

City
WINDERMERE

FL Zip Code
34786

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 *Martiel D. Davis*

MARTIEL D DAVIS

04/11/05

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, 2005 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
**PSD
DENOYELLES, JOHN
1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 347874342** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VASD
GILLI, HARRY R
1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 347874342** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV/S/D
4512 CONE FLOWER CT
ACWORTH GA 30102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

JOHN DENOYELLES

04/11/05

404-648-5593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #