2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 521365 01-31-2005 90079 044 ***150.00 WINSONG DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 4902 SANDCASTLE CIRCLE - P-O-BOX 353096 PALM COAST, Ft 32135 - US ST AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. P.O. Box 298 01192005 Chg-P CR2E034 (10/03) . City & State 4 FFI Number Applied For City & State AUGUSTINE FLA 59-1716319 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 5 % JOIHNS 32085 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VESTEY, SYDNEY S. Street Address (P.O. Box Number is Not Acceptable) 4902 SAND CASTLE CIRCLE SAINT AUGUSTINE, FL 32084 City Zip Code 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 epplicable, (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change | Addition VESTEY, SYDNEY SR NAME NAME STREET ADDRESS 4902 SAND CASTLE CIRCLE STREET ADDRESS ST AUGUSTINE, FL 32084 CITY-ST-7IP CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Change TITLE Addition VESTEY, SONYA K 4902 SANDCASTLE CIRCLE STREET ADDRESS STREET ADDRESS ST AUGUSTINE, FL 32084 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change HAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7iP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it made under eath; 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

SYDNEY S. VESTEX 1/26/05 904-82471

FILED

Jan 31, 2005 8:00 am