2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # 600655 1. Entity Name THE STANLEY WINES LAW FIRM, P.A.						01-20-2004	90069 048 ***15	0.00
Principal Place of Business 60 SECOND ST.,S.E. WINTER HAVEN, FL 33882-7860 Mailing Address PO BOX 860 WINTER HAVEN, FL 338			882-0860				400248	3
2. Principal P.	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01052004	Chg-P	CR2E034 (10/03)	•
City & State		City & State		4. FEI Numb 59-122		├	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	e of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	d Address of New R	egistered Agent	
DENNETT	DADDV W			Name				
BENNETT, BARRY W 60 SECOND ST.,S.E. WINTER HAVEN, FL 33882				Street Address (P.O. Box Number is Not Acceptable)				
Trii (1 Ci ()								
				City FL Zip Code				
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s register	ed office or regi	stered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	ent and tille if applicable (NO	TF: Registere	d Anent signature (ag	uired when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	aign Finar	ncing	5.00 May Be			
After Ma	ay 1, 2004 Fee will be \$550	7.00 Trust Fund Con	tribution.		Added to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	CERS AND DIRECTORS	3 IN 11
TITLE		D DIRECTORS		-				
	VD	Delete	TITLE				☐ Change	Addition
NAME	BENNETT, BARRY W		NAM	E			☐ Change	
	•		NAM STRE				Change	
NAME STREET ADDRESS	BENNETT, BARRY W 60 SECOND ST.,S.E.		NAM STRE	E ET ADDRESS - ST- ZIP			☐ Change	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTORY

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(863)299-126

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