

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 012 ***150.00

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1. Entity Name

WINTON WAREHOUSES, INC.



Principal Place of Business
5520 BAY BLVD.
PORT RICHEY FL 34668

Mailing Address
P.O. BOX 44
PORT RICHEY FL 34673
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1945393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTON, MICHAEL T.
14350 WADSWORTH DR.
APT. B
ODESSA FL 33556

Name Winton, Michael T

Street Address (P.O. Box Number is Not Acceptable)
5514 Bay Blvd

Port

City Port Richey FL Zip Code 34668

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

Michael T Winton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WINTON, MICHAEL T.
STREET ADDRESS 14350 WADSWORTH DR. APT B
CITY-ST-ZIP ODESSA FL 33556

TITLE PD ☒ Change ☐ Addition
NAME Michael T. Winton
STREET ADDRESS 5514 Bay Blvd.
CITY-ST-ZIP Port Richey, FL 34668

TITLE VD ☐ Delete
NAME WINTON, GEORGE K
STREET ADDRESS 5514 BAY BLVD.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VD ☒ Change ☐ Addition
NAME George K. Winton
STREET ADDRESS 313 Riley Lake Dr
CITY-ST-ZIP Hawthorne, FL 32640

TITLE STD ☐ Delete
NAME WINTON, TERRILL J
STREET ADDRESS 5520 BAY BLVD.
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Michael T Winton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2006

Date

Daytime Phone #