

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 624925

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: WINTERS CONSTRUCTION, INC.

## Current Principal Place of Business:

290 SW 12 AVE  
SUITE # 9  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

290 SW 12 AVE  
SUITE # 9  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 59-1927265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PORTER, GARY M.  
290 SW 12 AVE  
SUITE # 9  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, JOHN E.  
Address: 290 SW 12TH AVE STE 9  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST ( ) Delete  
Name: PORTER, GARY M.,  
Address: 290 SW 12TH AVE STE 9  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: SMITH, JOHN E., JR,  
Address: 290 SW 12TH AVE STE9  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. PORTER

ST

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date