

## ANNUAL REPORT

DOCUMENT # 672235

1. Entity Name  
GLORIA D. WINN INSURANCE, INC.FILED  
Jan 10, 2005 08:00 AM  
Secretary of State

Principal Place of Business

1621 SUNNYSIDE DR.  
MAITLAND, FL 32751

Mailing Address

1621 SUNNYSIDE DR.  
MAITLAND, FL 32751

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2023530

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

WINN, GLORIA D.  
1621 SUNNYSIDE DRIVE  
MAITLAND, FL 32751DO NOT WRITE  
IN THIS SPACE

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

Gloria D. Winn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PVS                 |
| NAME           | WINN, GLORIA D.     |
| STREET ADDRESS | 1621 SUNNYSIDE DR   |
| CITY-ST-ZIP    | MAITLAND, FL 32751  |
| TITLE          | T                   |
| NAME           | PARKER, W. L., JR.  |
| STREET ADDRESS | 851 N. ORLANDO AVE. |
| CITY-ST-ZIP    | MAITLAND, FL 32751  |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

1100000176354  
01/10/05-80088-007 150.00DO NOT WRITE  
IN THIS SPACE

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

Gloria D. Winn  
Prest  
Gloria D. Winn

1-3-05