

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717387

Entity Name: WIN-SAN INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

111 N ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

P O BOX 1180
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-1311109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM L. ROSS, JR.
231 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CANNAVINO, JOHN
Address: 210 NOBHILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: REUKAUF, CRAIG
Address: 111 N. ATLANTIC AVE. A321
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: MARTIN, ELIZABETH
Address: 6606 CONWAY LAKES DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: CARR, SANDRA
Address: 72 EVERGREEN RD
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: SD () Delete
Name: RENZI, KEVIN
Address: 802 LAKE DAVIS CIRCLE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: BAUMEISTER, DAYLE
Address: 1730 DOGWOOD FOREST
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH MARTIN

TRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date