

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90027 035 ****61.25

DOCUMENT # 730915

1. Entity Name

WINNIE-GATORS, INC.



Principal Place of Business

55 SEMINOLE DR E
BRADENTON FL 34208
US

Mailing Address

55 SEMINOLE DR E
BRADENTON FL 34208
US

2. Principal Place of Business

6141 KINLOCK AVE

Suite, Apt. #, etc.

3. Mailing Address,

6141 KINLOCK AVE

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

Zip

34608-1287

Country

USA

Zip

34608-1287

Country

USA

4. FEI Number

65-0426845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YETTER, DONALD W
111-9TH AVE WEST
STE B
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOD, GAIL	
STREET ADDRESS	435 16TH AVE SE 588	
CITY - ST - ZIP	LARGO FL 33771	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	GENG, WARREN	
STREET ADDRESS	13396 CLARENCE LANE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	ENGLISH, WILLIAM	
STREET ADDRESS	106 WINTER PARK STREET	
CITY - ST - ZIP	DAVENPORT FL 33837	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALSTERO, PHILIP	
STREET ADDRESS	55 SEMINOLE DR E	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FIEBRANDT, LORETTA	
STREET ADDRESS	1720 SANTAMARIA PLACE	
CITY - ST - ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HALSTED, PHILIP	
CITY - ST - ZIP	55 SEMINOLE DR E	
	BRADENTON, FL 34208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	BARBARA SCHMITZ	
CITY - ST - ZIP	6141 KINLOCK AVE	
	SPRING HILL, FL 34608-1287	

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 617, 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:

Philip Halsted
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Mar 2004

Date

941-745-2455

Daytime Phone #