

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90081 009 ****61.25

DOCUMENT # 730915		
1. Entity Name WINNIE-GATORS, INC.		

Principal Place of Business 6141 KINLOCK AVE SPRING HILL, FL 34608-1287 US	Mailing Address 6141 KINLOCK AVE SPRING HILL, FL 34608-1287 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01222005 Chg-NP CR2E037 (10/03)

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		7. Name and Address of New Registered Agent	
YETTER, DONALD W 1111-9TH AVE WEST STE B BRADENTON, FL 34205		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

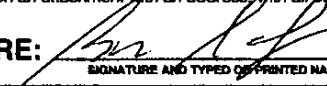
**Filing Fee is \$61.25
Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, GAIL 435 16TH AVE SE 588 LARGO, FL 33771 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WARREN GENG 13396 CLARENCE LANE PORT CHARLOTTE, FL 33961 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP GENG, WARREN 13396 CLARENCE LANE PORT CHARLOTTE, FL 33961 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP LINDA TUZZOLO 120 N. RICKYNN AVE LAKE ALFRED, FL 33850-2306 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ENGLISH, WILLIAM 106 WINTER PARK STREET DAVENPORT, FL 33837 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP EDWARD HORWATH 15981 BROOKRIDGE BLVD BROOKSVILLE, FL 34613-4925 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTERO, PHILIP 55 SEMINOLE DR E BRADENTON, FL 34208 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GAIL WOOD 435 16TH AVE SE #588 LARGO, FL 33771 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIEBRANDT, LORETTA 1720 SANTAMARIA PLACE ORLANDO, FL 32806 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec SALLY McKAY 5331 S BLANCA PT. HOMOSASSA FL 34446 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMITTAEH, BARBARA 6141 KINLOCK AVE SPRING HILL, FL 346081287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  3/25/05 (352) 596-7421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #