


FILED  
Apr 09, 2007 8:00 am  
Secretary of State

04-09-2007 90054 019 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 730915</b>			
1. Entity Name <b>WINNIE-GATORS, INC.</b>			
Principal Place of Business 6141 KINLOCK AVE SPRING HILL, FL 34608-1287 US		Mailing Address 6141 KINLOCK AVE SPRING HILL, FL 34608-1287 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>65-0426845</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>YETTER, DONALD W 1111-9TH AVE WEST STE B BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>Yetter, Donald W</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 9th Ave. West</b> <b>STE B</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34205</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENG, WARREN 13396 CLARENCE LANE PORT CHARLOTTE, FL 33961 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LINDA TUZZOLO 334 MOTORCOACH DR POLK CITY, FL 33868-5131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TUZZOLO, LINDA 120 N RICKLYNN AVE LAKE ALFRED, FL 338502306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP MARCEL DRAPEAU 5199 SHORELINE DRIVE POLK CITY, FL 33868-9582 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD VANAMAN, EUGENE P.O. BOX 3155 DUNNELLON, FL 344303155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, GAIL 435 16TH AVE SE #588 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WARREN GENG 13396 CLARENCE LANE PORT CHARLOTTE FL 33981-2912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANZEN, MARIE 10129 OAK HILL DRIVE PORT RICHEY, FL 346883252 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHARLENE BUSCH 1094 MOTORCOACH DR POLK CITY, FL 33868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMITTAEH, BARBARA 6141 KINLOCK AVE SPRING HILL, FL 346081287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Barbara Schmittaeh</b>		4/5/07 352 596-7421	