

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90027 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # 847101
 1. Entity Name
 FT. WALTON BEACH WINNELSON CO.

Principal Place of Business: 101 LANG ROAD, FT. WALTON BEACH, FL 32547 US
 Mailing Address: 1000 HURRICANE SHOALS ROAD N.E. BLDG. D, SUITE 500, LAURENCEVILLE, GA 30043 US

44015166



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

03012004 Chg-P CR2E034 (10/03)

4. FEI Number: 43-1143041 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYES STREET, TALLAHASSEE, FL 32301
 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: *Phelip Espinosa* DATE: 03/01/04

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: ADAMS, VANCE STREET ADDRESS: 300 SW HOLLYWOOD BLVD CITY-ST-ZIP: FT WALTON BCH., FL	<input type="checkbox"/> Delete	TITLE: D NAME: Benjamin G. Fry STREET ADDRESS: 3110 Kettering Blvd CITY-ST-ZIP: Dayton, OH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: MUEGEL, PHILIP E. STREET ADDRESS: 1000 HURRICANE SHOALS ROAD N.E. CITY-ST-ZIP: LAURENCEVILLE, GA 30043	<input type="checkbox"/> Delete	TITLE: D NAME: Michael L. Creech STREET ADDRESS: 3500 Commerce center Dr. CITY-ST-ZIP: Franklin, OH 45005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HOBBS, DONALD STREET ADDRESS: 1975 MALL BLVD CITY-ST-ZIP: AUBURN, AL 36830	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OSENBAUGH, JACK. STREET ADDRESS: 3120 KETTERING BLVD. CITY-ST-ZIP: DAYTON, OH	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GROUT, CALVIN STREET ADDRESS: 3110 KETTERING BLVD CITY-ST-ZIP: DAYTON, OH	<input checked="" 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:	<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 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: *Phelip Espinosa* DATE: 03/01/04 DAYTIME PHONE #: 678-377-0537