


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90978 043 \*\*\*150.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # 847101</b>  |   |                                |  |
| 1. Entity Name<br>FT. WALTON BEACH WINNELSON CO.  |   |   |  |
| Principal Place of Business<br>101 LANG ROAD<br>FT. WALTON BEACH, FL 32547 US   |   | Mailing Address<br>1000 HURRICANE SHOALS ROAD N.E.<br>BLDG. D, SUITE 500<br>LAURENCEVILLE, GA 30043 US          |  |
| 2. Principal Place of Business  |   | 3. Mailing Address<br>1000 Hurricane Shoals Rd  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.<br>C-100  |  |
| City & State  |   | City & State<br>Lawrenceville, GA   |  |
| Zip   | Country   | Zip   | Country  |
|   |   | 30043   | USA  |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYES STREET<br>TALLAHASSEE, FL 32301   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____   |   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>ADAMS, VANCE<br>300 SW HOLLYWOOD BLVD<br>FT WALTON BCH., FL <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br>MUEGEL, PHILIP E.<br>1000 HURRICANE SHOALS ROAD N.E.<br>LAURENCEVILLE, GA 30043 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>FRY, BENJAMIN G<br>3110 KETTERLING BLVD<br>DAYTON, OH <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>OSENBAUGH, JACK.<br>3120 KETTERING BLVD.<br>DAYTON, OH <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>CREECH, MICHAEL L<br>3500 COMMERCE CENTER DR.<br>FRANKLIN, OH 45005 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Michael E. ...</i>  |   | Date: 4-27-05   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #   |  |

40076608



04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
43-1143041

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required