


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 847101</b> 1. Entity Name FT. WALTON BEACH WINNELSON CO.	
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Principal Place of Business 101 LANG ROAD FT. WALTON BEACH, FL 32547 US	Mailing Address 1000 HURRICANE SHOALS ROAD C-100 LAURENCEVILLE, GA 30043 US
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05102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1143041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301
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<b>DO NOT WRITE IN THIS SPACE</b>
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, VANCE 300 SW HOLLYWOOD BLVD FT WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MUEGEL, PHILIP E. 1000 HURRICANE SHOALS ROAD N.E. LAURENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRY, BENJAMIN G 3110 KETTERLING BLVD DAYTON, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSENBAUGH, JACK. 3110 KETTERING BLVD DAYTON, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARKIN, MIKE 1000 HURRICANE SHOALS RD C-100 LAURENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000564951 05/20/06-80095-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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