

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90128 022 \*\*\*150.00

**DOCUMENT # F04000005632**

1. Entity Name  
**THE WINSLOW GROUP, INC.**



Principal Place of Business  
**1155 OCEAN SHORE BOULEVARD, UNIT 1002  
ORMOND BEACH, FL 32175**

Mailing Address  
**1155 OCEAN SHORE BOULEVARD, UNIT 1002  
ORMOND BEACH, FL 32175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0395743**

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **READMOND, RONALD**  
STREET ADDRESS **1401 WASHINGTON ST.**  
CITY-ST-ZIP **HOBOKEN, NJ 07030**

TITLE **S** ☐ Delete  
NAME **LABRIOLA, STEVEN**  
STREET ADDRESS **1401 WASHINGTON ST.**  
CITY-ST-ZIP **HOBOKEN, NJ 07030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHIEF FINANCIAL OFFICER** ☐ Change ☒ Addition  
NAME **Thomas A. Mc Auliffe**  
STREET ADDRESS **1401 Washington St.**  
CITY-ST-ZIP **Hoboken, N.J.**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **MICHAEL WEBER**  
STREET ADDRESS **2015 Corporate Drive, Suite G**  
CITY-ST-ZIP **Baltimore, Md 21236**

TITLE **Director** ☐ Change ☒ Addition  
NAME **JAMES Riepe Jr**  
STREET ADDRESS **1001 Pennsylvania Ave**  
CITY-ST-ZIP **Washington DC. 20004-2505**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Richard Burt**  
STREET ADDRESS **1532 31st Street**  
CITY-ST-ZIP **Washington DC. 20007**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Thomas A. Mc Auliffe** Thomas A. Mc Auliffe

(201) 386-8686