2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State 04142005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2193329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required U000000324515 04/22/05-80096-023 50.00

ANTOA	L KEPOKI
DOCUMENT # F80865 1. Entity Name ELI WINESETT & SONS, INC.	
Principal Place of Business 27655 JONES LOOP RD	Mailing Address P.O. DRAWER 610
PUNTA GORDA, FL 33982-2300 US	FT MYERS, FL 33902 US

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent WINESETT, RICHARD W DO NOT WRITE 2248 FIRST STREET FT MYERS, FL 33901 IN THIS SPACE 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 little if applicable. (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WINESETT, RICHARD W NAME STREET ADDRESS 1574 PASSAIC AVE CITY - ST - ZIP FT. MYERS, FL 33901 TITLE DVST WINESETT, ROBERT A NAME STREET ADDRESS 2652 CORTEZ BLVD CITY-ST-ZIP FT. MYERS, FL 33901 WINESETT, NATHAN S. NAME STREET ADDRESS 1574 PASSAIC AVE DO NOT WRITE CITY-ST-ZIP FT. MYERS, FL 33901 TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - 71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:

Where W. WWWLLA WITHE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard W. Winesett, President <u>4/14/05</u>

(239)334-7040