


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90361 043 \*\*\*150.00

<b>DOCUMENT # F80865</b>					
1. Entity Name ELI WINESETT & SONS, INC.					
Principal Place of Business 27655 JONES LOOP RD PUNTA GORDA, FL 33982-2300 US			Mailing Address P.O. DRAWER 610 FT MYERS, FL 33902 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2193329	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**60029732**



04172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WINESETT, RICHARD W 2248 FIRST STREET FT MYERS, FL 33901				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINESETT, RICHARD W			NAME			
STREET ADDRESS	1574 PASSAIC AVE			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33901			CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINESETT, ROBERT A			NAME			
STREET ADDRESS	2652 CORTEZ BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33901			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINESETT, NATHAN S.			NAME			
STREET ADDRESS	<del>1574 PASSAIC AVE</del>			STREET ADDRESS	816 East Scirlein Drive		
CITY-ST-ZIP	<del>FT. MYERS, FL 33901</del>			CITY-ST-ZIP	Sandy, UT 84094		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: Richard W. Winesett 4/20/2006 239-334-7040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Richard W. Winesett President  
 Date Day/mo Phone #