2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90178 010 ***150.00

DOCUMENT # H52082

1. Entity Name
WIN-MIL-NO CORP

Principal Place of Business	Mailing Address
4504 PILTENGER DR SARASOTA, FL 34234 US	4504 PILTENGER DR SARASOTA, FL 34234 US

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4402 PITTENGER DR	4402 PITTENGER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA	City & State: SARASOTA
Zip: 34234 Country: USA	Zip: 34234 Country: USA

4. FEI Number: 59-2500069 ☐ 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
KANDIS, MIKE 4142 EDAM ST SARASOTA, FL 34234	Name: PAT - MAXWELL Street Address (P.O. Box Number is Not Acceptable): 3917 GUILDER ST SARASOTA FL 34234 City: SARASOTA FL Zip Code: 34234

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.

S Robert Harper 2/24/05
SIGNATURE — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KANDIS, MIKE 4142 EDAM STREET SARASOTA, FL 34234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PAT MAXWELL 3917 GUILDER ST SARASOTA FL 34234	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHARKEY, KENNETH 3706 EDAM ST. SARASOTA, FL 34234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONSTANCE MCNAMARA 3709 COPENHAGEN SARASOTA FL 34234	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARPER, ROBERT 3913 VOORNE ST SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERT HARPER 4402 PITTENGER DR SARASOTA FL 34234	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KANDIS, JACKIE 4142 EDAM STREET SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KANDIS JACKIE 4142 EDAM ST SARASOTA FL 34234	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Robert W. Harper 941-358 0636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #