

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90026 023 ***150.00

DOCUMENT # H55522

1. Entity Name
WINNER BROTHERS, INC.



Principal Place of Business

% FRANK E. WINNER
1611 N. COCOA BLVD.
COCOA, FL 32922

Mailing Address

% FRANK E. WINNER
1611 N. COCOA BLVD.
COCOA, FL 32922

2. Principal Place of Business

3. Mailing Address

William R. Winner, Sr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1611-C North Cocoa Blvd.

City & State

City & State

Cocoa, FL

Zip

Country

Zip

Country

32922

USA

02272004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2539782

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

WINNER, WILLIAM R
1611 N COCA BLVD
COCOA, FL 32922

Name

William R. Winner, Sr.

Street Address (P.O. Box Number is Not Acceptable)

1611-C North Cocoa Blvd.

City

Cocoa

FL

Zip Code

32922

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

William R. Winner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PD ☐ Delete
NAME WINNER, WILLIAM R JR
STREET ADDRESS 1611 N COCOA BLVD
CITY-ST-ZIP COCOA, FL

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

TITLE DV ☐ Delete
NAME WINNER, WILLIAM R.
STREET ADDRESS 1611 N COCOA BLVD
CITY-ST-ZIP COCOA, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

William R. Winner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-04 321-636-1923