


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90059 032 ***150.00

DOCUMENT # H97425	
1. Entity Name W.I.N. PRODUCTS, INC.	

Principal Place of Business 401 10TH AVENUE SAFETY HARBOR FL 34695 US	Mailing Address 401 10TH AVENUE SAFETY HARBOR FL 34695 US
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2. Principal Place of Business - No P.O. Box # 5402 Provost Dr. #6	3. Mailing Address 1904 Overview Dr
Suite, Apt. #, etc. #6	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State HOLIDAY, FL	City & State New Port Richey, FL
Zip 34690	Zip 34655
Country Pasco	Country Pasco

4. FEI Number 59-2645802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAY, DENNIS J. 401 10TH AVE S SAFETY HARBOR FL 34695	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1904 Overview Dr City New Port Richey FL Zip Code 34655	

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 re-registering.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD DAY, DENNIS J. 401 10TH AVE S SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1904 Overview Dr. New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dennis J. Day 4/9/07 727-669-0168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #