

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90067 030 ***150.00

DOCUMENT # J55171

1. Entity Name

WINSON, INC.



Principal Place of Business

Mailing Address

~~% DON D. HARRISON~~
1300 HILL STREET
DEFUNIAK SPRINGS FL 32433
US

~~% DON D. HARRISON~~
1300 HILL STREET
DEFUNIAK SPRINGS FL 32433
US

J4UB1113



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

423 Hidden Lakes Trail
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

DeFuniak Springs, FL
City & State

City & State

4. FEI Number
59-2783206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32433

Country
United States

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, DON D
1300 HILL STREET
DEFUNIAK SPRINGS FL 32433

Name
Hilton V Lawson
Street Address (P.O. Box Number is Not Acceptable)

423 Hidden Lakes Trail

City DEFuniak Springs FL Zip Code 32433

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

Hilton V Lawson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

23 April 04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☒ Delete
HARRISON, DON D.
STREET ADDRESS 1300 HILL STREET
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE NAME ☐ Change ☒ Addition
P/D
Hilton V Lawson
STREET ADDRESS 423 Hidden Lakes Trail
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE NAME ☒ Delete
WINN, ROGER T.
STREET ADDRESS 2021 PLANTATION OAKS DR.
CITY-ST-ZIP NAVARRE FL

TITLE NAME ☐ Change ☒ Addition
VPD
Josephine C Lawson
STREET ADDRESS 423 Hidden Lakes Trail
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Hilton V Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April 04
Date

960 892 6323
Daytime Phone #