

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**



1st MOORE


CR2E083 (10/04)

4. FEI Number **20-0530278**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

<b>DOCUMENT # L03000057324</b>					
1. Entity Name <b>WINWARD SERVICES, LLC</b>					
Principal Place of Business <b>4707 LAKE TRUDY DRIVE ST CLOUD FL 34769</b>			Mailing Address <b>4707 LAKE TRUDY DRIVE ST CLOUD FL 34769</b>		
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 <b>20-0530278</b>	
6. Name and Address of Current Registered Agent <b>WINWARD, DONNA 4707 LAKE TRUDY DRIVE ST CLOUD FL 34769</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	<b>WINWARD, DONNA</b>				
STREET ADDRESS	<b>4707 LAKE TRUDY DRIVE</b>				
CITY- ST- ZIP	<b>ST CLOUD FL 34769</b>				
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	<b>WINWARD, WILLIAM</b>				
STREET ADDRESS	<b>4707 LAKE TRUDY DRIVE</b>				
CITY- ST- ZIP	<b>ST CLOUD FL 34769</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	<b>U00000363080</b>				
STREET ADDRESS	<b>05/05/05-80143-021 50.00</b>				
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Donna Winward*  
**4-26-05**