


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90003 037 ***150.00

DOCUMENT # L93302					
1. Entity Name WINSLOW & ASSOCIATES, INC.					
Principal Place of Business 4371 WINDING OAKS CIRCLE MULBERRY, FL 33860 US			Mailing Address 4371 WINDING OAKS CIRCLE MULBERRY, FL 33860 US		
2. Principal Place of Business 4132 BUGG RD. Suite, Apt. #, etc.		3. Mailing Address 4132 BUGG RD. Suite, Apt. #, etc.			
City & State PLANT CITY, FL		City & State PLANT CITY, FL		4. FEI Number 59-3022508	
Zip 33567	Country USA	Zip 33567	Country USA	5. Certificate of Status Desired <input type="checkbox"/> -- \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINSLOW, BLAKE L 4371 WINDING OAKS CIRCLE MULBERRY, FL 33860			7. Name and Address of New Registered Agent Name: BLAKE L. WINSLOW Street Address (P.O. Box Number is Not Acceptable) 4132 BUGG RD. PLANT CITY City: FL Zip Code: 33567		
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: BLAKE L. WINSLOW <i>Blake L. Winslow</i> 1/12/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 WINSLOW, BLAKE L 4371 WINDING OAKS CIRCLE MULBERRY, FL 33860 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BETTY C WINSLOW 4371 WINDING OAKS CIRCLE MULBERRY, FL 33860 <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 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: <i>Blake L. Winslow</i> BLAKE L. WINSLOW 1/12/04 (863) 944-1374 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					