


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90050 010 \*\*\*150.00

**DOCUMENT # P00000024723**

1. Entity Name  
**F.E. WINBERRY PAINT & SCREEN CO., INC.**



Principal Place of Business      Mailing Address  
**3805 MICKLER ROAD**      **3805 MICKLER ROAD**  
**PONTE VEDRA BEACH, FL 32082**      **PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business      3. Mailing Address  
*2455 Lorraine Ct. S.*      *2455 Lorraine Ct. S.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Ponte Vedra Beach, FL.*      *Ponte Vedra Beach, FL.*  
 City & State      City & State  
**32082**      **U.S.A.**      **32082**      **U.S.A.**  
 Zip      Country      Zip      Country



01122005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3627880**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WINBERRY, FRANK E**  
**3805 MICKLER ROAD**  
**PONTE VEDRA BEACH, FL 32082.**

7. Name and Address of New Registered Agent  
 Name *Frank E. Winberry*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2455 Lorraine Ct. S.*  
*Ponte Vedra Bch, FL 32082*  
 City      State      Zip Code  
    **FL**      **32082**

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: *[Signature]*      (NOTE: Registered Agent signature required when reinstating)      DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WINBERRY, FRANK E	
STREET ADDRESS	3805 MICKLER ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Frank E. Winberry</i>	
STREET ADDRESS	<i>2455 Lorraine Ct. S.</i>	
CITY-ST-ZIP	<i>Ponte Vedra Beach, FL 32082</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank E. Winberry*      *2-1-05*      *904-285-7612*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
*FRANK E. WINBERRY*           *904-655-1701*