


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90064 038 ***150.00

DOCUMENT # P00000027773 1. Entity Name WINSLOW ADAPTICS, INC.					
Principal Place of Business 3001 N ROCKY POINT DRIVE EAST SUITE 200 TAMPA, FL 33607			Mailing Address 3001 N ROCKY POINT DRIVE EAST SUITE 200 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0995079	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WINSLOW, DAVID 3001 N ROCKY POINT DRIVE EAST SUITE 200 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINSLOW, DAVID 3001 N ROCKY POINT DRIVE EAST TAMPA, FL 33607		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



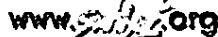
08092005 Chg-P CR2E034 (10/03)

FL

Zip Code

Date

Daytime Phone #

www.sos.org

ATTACHMENT
50065363
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P00000027773

Business Entity Name

WINSLOW ADAPTICS, INC.



FEI Number

650995079

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 3001 N ROCKY POINT DRIVE EAST
Suite, Apt. #, etc. SUITE 200
City, State TAMPA, FL
Zip Code & Country 33607

Mailing Address

Address 3001 N ROCKY POINT DRIVE EAST
Suite, Apt. #, etc. SUITE 200
City, State TAMPA, FL
Zip Code & Country 33607

Name And Address of Registered Agent

Name (Last, First, Middle, Title) WINSLOW, DAVID

-or- RA Business Name

Address (PO Box is not acceptable) 3001 N ROCKY POINT DRIVE EAST

Suite, Apt. #, etc. SUITE 200

City, State TAMPA, FL

Zip Code & Country 33607 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA

50065363
R 00000027773

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title PD

Name (Last, First, Middle, Title) WINSLOW, DAVID

-or- Entity Name

Street Address 3001 N ROCKY POINT DRIVE EAST

City, State TAMPA, FL

Zip Code & Country 33607

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)



ATTACHMENT
50045343

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 9, 2005

WINSLOW ADAPTICS, INC.
3001 N ROCKY POINT DRIVE EAST
SUITE 200
TAMPA, FL 33607

SUBJECT: WINSLOW ADAPTICS, INC.
Ref. Number: P00000027773

We have received your document for WINSLOW ADAPTICS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel
Document Specialist

Letter Number: 905A00051005