

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90138 018 ***150.00

DOCUMENT # P00000042916					
1. Entity Name WINCH WINDER COMPANY					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2902 WAREHOUSE ROAD <small>Suite, Apt. #, etc.</small>			3. Mailing Address SAME <small>Suite, Apt. #, etc.</small>		
City & State FORT MYERS, FL <small>Zip</small> 33916			City & State FORT MYERS, FL <small>Zip</small> 33916		
4. FEI Number 26-1060224			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current Registered Agent					
Name THOMAS J REILLY					
Street Address (P.O. Box Number is Not Acceptable) 2902 WAREHOUSE ROAD					
City FORT MYERS FL Zip Code 33916					
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS J REILLY 2902 WAREHOUSE ROAD FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JAMES C RUCK 2902 WAREHOUSE ROAD FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PHILIP D RUCK 2902 WAREHOUSE ROAD FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas J. Reilly</u> 5-1-03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					