2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023529

1. Entity Name
WINSOR HARMON, INC.

Principal Place of Business	Mailing Address
1022 E. 8TH ST CROWLEY, LA 70526	P.O. BOX 548 CROWLEY, LA 70527

50045016

04212005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address Po Box 256
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Mermentau LA
Zip	Country	Zip 70556	Country

4. FEI Number 27-0010673 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BORAH, CPA, BEVERLY
1234 AIRPORT RD. SUITE 224
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name _Beverly Borah CPA_

Street Address (P.O. Box Number is Not Acceptable)

543 Harbor Blvd Suite 203

City _Destin_   FL   Zip Code _32541_

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 _Beverly Borah_   _Beverly Borah_   _4/21/05_

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10.			11.		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARMON, WINSOR		NAME		
STREET ADDRESS	1022 E. 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CROWLEY, LA 70526		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Winsor D. Harmon_   337-824-0734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Winsor D. Harmon