

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000023529

1. Entity Name  
WINSOR HARMON, INC.



FILED

06 MAY 19 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1022 E. 8TH ST  
CROWLEY, LA 70526  
*1317 N. PARKERSON  
CROWLEY, LA. 70524*

Mailing Address

P.O. BOX 256  
MERMENTAU, LA 70556  
*1317 N. PARKERSON  
CROWLEY, LA. 70524*

**DO NOT WRITE IN THIS SPACE**



05152006 No Chg-P CR2E034 (11/05)

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, BEVERLY CPA  
543 HARBOR BLVD, STE 203  
DESTIN, FL 32541

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARMON, WINSOR
STREET ADDRESS	1022 E. 8TH ST.
CITY-ST-ZIP	CROWLEY, LA 70526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/13/06 90272 029 \$150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #