

FILED

Apr 29, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000117007		
1. Entity Name WINTHROP & ASSOCIATES, P.A.		
Principal Place of Business 4723 WEST ATLANTIC AVENUE BUILDING A, SUITE 9 DELRAY BEACH, FL 33445	Mailing Address 4723 WEST ATLANTIC AVENUE BUILDING A, SUITE 9 DELRAY BEACH, FL 33445	
DO NOT WRITE IN THIS SPACE		
		04262004 No Chg-P CR2E034 (10/03)
		4. FEI Number 03-0490170
		Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WINTHROP, DORIAN A 4723 WEST ATLANTIC AVENUE BUILDING A, SUITE 9 DELRAY BEACH, FL 33445		DO NOT WRITE 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 running for) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTHROP, DORIAN A 4723 WEST ATLANTIC AVENUE, BLD. A, SUITE 9 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINTHROP, DORIAN A 4723 WEST ATLANTIC AVENUE, BLD. A, SUITE 9 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTHROP, DORIAN A 4723 WEST ATLANTIC AVENUE, BLD. A, SUITE 9 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINTHROP, DORIAN A 4723 WEST ATLANTIC AVENUE, BLD. A, SUITE 9 DELRAY BEACH, FL 33445	
TITLE 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(1)(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		4/27/04 (561)638-7266 Date Certificate Number

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04/29/04-80173-009 158.75