

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 026 ***150.00

DOCUMENT # P02000126870

1. Entity Name
W. BROS DEVELOPMENT CORPORATION



Principal Place of Business
**2653 STICKNEY POINT ROAD
SARASOTA, FL 34231**

Mailing Address
**P.O. BOX 18027
SARASOTA, FL 34276**



2. Principal Place of Business
60 SARASOTA CENTER BLVD

3. Mailing Address
Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State
SARASOTA FL

City & State

4. FEI Number
65-1165431

Applied For
Not Applicable

Zip
34240

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**VOIGT, STEPHEN F ESQ.
2042 BEE RIDGE ROAD
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINTERROND, DAVID R
P.O. BOX 18027
SARASOTA, FL 34276** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINTERROND, JASON A
P.O. BOX 18027
SARASOTA, FL 34276** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINTERROWD, DAVID R
P.O. Box 18027
SARASOTA FL 34276** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINTERROWD, JASON A.
P.O. Box 18027
SARASOTA, FL 34276** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 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

4-26-04

Date

941-927-9415

Daytime Phone #