

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90048 003 ***150.00

DOCUMENT # P02000126870 1. Entity Name W. BROS DEVELOPMENT CORPORATION			
Principal Place of Business 2653 STICKNEY POINT ROAD SARASOTA, FL 34231		Mailing Address 2653 STICKNEY POINT ROAD SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 5322 Silver Leaf Lane Suite, Apt. #, etc.		3. Mailing Address PO Box 18027 Suite, Apt. #, etc.	
City & State Sarasota FL Zip 34233		City & State Sarasota FL Zip 34276	
4. FEI Number 65-1165451		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WINTERROWD, DAVID 2653 STICKNEY POINT ROAD SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Winterrowd, David Street Address (P.O. Box Number is Not Acceptable) 5322 Silver Leaf Lane City Sarasota FL Zip Code 34233	
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 <u>David R. Winterrowd</u> DATE 4-8-08 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERROWD, DAVID R 2653 STICKNEY POINT ROAD SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winterrowd, David PO Box 18027 Sarasota FL 34276 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERROWD, JASON A 2653 STICKNEY POINT ROAD SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winterrowd, Jason PO Box 18027 Sarasota, FL 34276 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>David R. Winterrowd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-8-08 Daytime Phone # 941-921-2979	