

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126881

FILED
Mar 09, 2006
Secretary of State

Entity Name: W. FAMILY INVESTMENTS, INC.

Current Principal Place of Business:

2653 STICKNEY POINT ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2653 STICKNEY POINT ROAD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-1165452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WINTERROWD, DAVID
2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

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.

SIGNATURE: DAVID WINTERROWD

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINTERROOWD, DAVID R
Address: PO BOX 18027
City-St-Zip: SARASOTA, FL 34276

Title: D () Delete
Name: WINTERROWD, JASON A
Address: PO BOX 18027
City-St-Zip: SARASOTA, FL 34276

Title: D () Delete
Name: WINTERROWD, DAMON T
Address: PO BOX 18027
City-St-Zip: SARASOTA, FL 34276

Title: D () Delete
Name: WINTERROWD, DARLENE F
Address: PO BOX 18027
City-St-Zip: SARASOTA, FL 34276

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WINTERROWD, DAVID R
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change () Addition
Name: WINTERROWD, JASON A
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change () Addition
Name: WINTERROWD, DAMON T
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change () Addition
Name: WINTERROWD, DARLENE F
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WINTERROWD

D

03/09/2006

Electronic Signature of Signing Officer or Director

Date