


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000015308			
1. Entity Name ATHENA WINN, INC.			
Principal Place of Business 1387 FOREST LAWN COURT TARPON SPRINGS FL 34689		Mailing Address 1387 FOREST LAWN COURT TARPON SPRINGS FL 34689	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GERMINO, MICHAEL 921 EAST KLOSTERMAN RD. TARPON SPRINGS FL 34689		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.			

1st MOORE CR2E034 (10/05)

4. FEI Number **16-1655513** Applied For
Not Applying

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

SIGNATURE _____ (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TOMASETTI, CAROL A 1387 FOREST LAWN COURT TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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000000566291
05/30/06-80004-001-150.00 ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol A Tomasetti 3/25/06 727-937-83