

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90010 025 ***150.00

DOCUMENT # P03000046615 1. Entity Name CLINTON J. WINTER P.A.			
Principal Place of Business 1170 N. FEDERAL HIGHWAY #603 FORT LAUDERDALE, FL 33304		Mailing Address 1170 N. FEDERAL HIGHWAY #603 FORT LAUDERDALE, FL 33304	
<i>Note Change of Address</i>			
2. Principal Place of Business 1900 NE 21st St Suite, Apt. #, etc.		3. Mailing Address 1900 NE 21st St Suite, Apt. #, etc.	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33305-3212		Zip 33305-3212	
Country USA		Country USA	
4. FEI Number 74-3088472		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTER, CLINTON J 1170 N. FEDERAL HIGHWAY #603 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Winter, Clinton J. Street Address (P.O. Box Number is Not Acceptable) 1900 NE 21st St City Fort Lauderdale FL Zip Code 33305-3212	
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 <i>Clinton J. Winter</i> 1-14-04 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D NAME WINTER, CLINTON J STREET ADDRESS 1170 N. FEDERAL HIGHWAY #603 CITY-ST-ZIP FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE D. NAME Winter, Clinton J. STREET ADDRESS 1900 NE 21st St. CITY-ST-ZIP Fort Lauderdale FL 33305-3212	<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
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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 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: <i>Clinton J. Winter</i>		1-14-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	