

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

03-24-2004 90049 034 ***150.00

DOCUMENT # P03000051051 1. Entity Name WINSTON HOMES INC.					
Principal Place of Business 726 NEWHALL TERRACE SEBASTIAN FL 32958				Mailing Address 726 NEWHALL TERRACE SEBASTIAN FL 32958	
2. Principal Place of Business Winston Homes Inc. 105 Barbara Ct Sebastian, FL 32958		3. Mailing Address Winston Homes Inc. 105 Barbara Ct Sebastian, FL 32958			
City & State Sebastian, FL 32958		City & State Sebastian, FL 32958		4. FEI Number 90-0086899	
Zip IR		Country IR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAUD, GERALD 726 NEWHALL TERRACE SEBASTIAN FL 32958				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 <u><i>Gerald Michaud</i></u> 3/23/04 <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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GERALD MICHAUD STREET ADDRESS 105 BARBARA CT CITY-ST-ZIP SEBASTIAN FL 32958	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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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: <u><i>Gerald Michaud</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/23/04 772-480-4300 <small>Date Daytime Phone #</small>	