


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90004 007 \*\*\*150.00

<b>DOCUMENT # P03000095432</b> 1. Entity Name WINSOR, INC.	
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Principal Place of Business 151 NOB HILL RD., APT. 126 PLANTATION, FL 33324	Mailing Address 151 NOB HILL RD., APT. 126 PLANTATION, FL 33324
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40112728



07132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0198485	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <i>Clifton Ford</i> BROWN, LORNA 151 NOB HILL RD., APT. 126 PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 *Clifton Ford* *Secretary* *July 12, 08*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Clifton Ford</i> BROWN, LORNA 151 NOB HILL RD., APT. 126 PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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: *Clifton Ford* *July 12, 08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40112728  
# P03000095432  
July 30- 2008

FLORIDA DEPARTMENT OF STATE

Secretary of state

DIVISION OF CORPORATIONS

p.o. box 8700

Tallahassee, florida 32314

Dear sir/ madam

Please I am asking you to waive the late fee because I did not receive the annual report notice, all so I was ill, and am not able to pay the late fee, all so I am a one man company and there is no business at this time thank you. Yours truly

A handwritten signature in black ink, appearing to be "J. Smith", written over a horizontal dashed line.