

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90083 038 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # P03000104387 1. Entity Name MICKY WINTER CONTRACTOR, INCORPORATED | | | |
| Principal Place of Business 12354 S HYACINTH POINT FLORAL CITY, FL 34436 | | Mailing Address 12354 S HYACINTH POINT FLORAL CITY, FL 34436 | |
| 2. Principal Place of Business 9441 South Kingbird | | 3. Mailing Address CO Ronald W. Gregory II Suite, Apt. #, etc. P.O. Box 1954 | |
| City & State Floral City, FL | | City & State St. Petersburg, FL | |
| Zip 34436 | | Zip 33731 | |
| Country USA | | Country USA | |
| 4. FEI Number 56-2399465 | | 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 PUCKETT, CHARLES E 12028 S IRIS POINT FLORAL CITY, FL 34436 | | 7. Name and Address of New Registered Agent Name Ronald W. Gregory, II Street Address (P.O. Box Number is Not Acceptable) 721 First Avenue North City St. Petersburg FL Zip Code 33701 | |
| 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 Ronald W. Gregory, II DATE 2/3/05 <small>(Signature typed or printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D WINTER, MICKEY D 12354 S HYACINTH POINT FLORAL CITY, FL 34436 | <input checked="" type="checkbox"/> Delete | TITLE P/S/ NAME T STREET ADDRESS CITY-ST-ZIP Gean, Jason A. 9441 South Kingbird Floral City, FL 34436 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC WINTER-MOFFETT, MICHEL K 12354 S HYACINTH POINT FLORAL CITY, FL 34436 | <input checked="" type="checkbox"/> Delete |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOFFETT, TIMOTHY C 12354 S HYACINTH POINT FLORAL CITY, FL 34436 | <input checked="" type="checkbox"/> Delete |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PUCKET, CHARLES E 12028 S IRIS PT FLORAL CITY, FL 34436 | <input checked="" type="checkbox"/> Delete |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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 807, 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: Jason A. Gean | | Date 3-21-05 574 229 6746 | |

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