

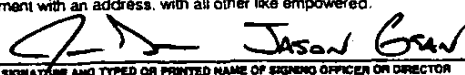


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-28-2005 90083 038 \*\*\*150.00

<b>DOCUMENT # P03000104387</b>			
1. Entity Name <b>MICKY WINTER CONTRACTOR, INCORPORATED</b>			
Principal Place of Business <b>12354 S HYACINTH POINT FLORAL CITY, FL 34436</b>		Mailing Address <b>12354 S HYACINTH POINT FLORAL CITY, FL 34436</b>	
2. Principal Place of Business <b>9441 South Kingbird</b>		3. Mailing Address <b>CO Ronald W. Gregory II Suite, Apt. #, etc. P.O. Box 1954</b>	
City & State <b>Floral City, FL</b>		City & State <b>St. Petersburg, FL</b>	
4. FEI Number <b>56-2399465</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>PUCKETT, CHARLES E 12028 S IRIS POINT FLORAL CITY, FL 34436</b>		7. Name and Address of New Registered Agent Name <b>Ronald W. Gregory, II</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 First Avenue North</b> City <b>St. Petersburg FL</b> Zip Code <b>33701</b>	
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  <b>Ronald W. Gregory, II</b> DATE <b>2/3/05</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WINTER, MICKEY D 12354 S HYACINTH POINT FLORAL CITY, FL 34436</b> <input checked="" type="checkbox"/> Delete	TITLE P/S/ NAME T STREET ADDRESS CITY-ST-ZIP	<b>Gean, Jason A. 9441 South Kingbird Floral City, FL 34436</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC WINTER-MOFFETT, MICHEL K 12354 S HYACINTH POINT FLORAL CITY, FL 34436</b> <input checked="" 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	<b>D MOFFETT, TIMOTHY C 12354 S HYACINTH POINT FLORAL CITY, FL 34436</b> <input checked="" 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	<b>D PUCKET, CHARLES E 12028 S IRIS PT FLORAL CITY, FL 34436</b> <input checked="" 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
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 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:  <b>Jason Gean</b>		Date <b>3-21-05</b> <b>574 229 6746</b>	

**50031630**

