2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107649

VINCENT, LAMANO

ORLANDO, FL 32837

14371 LORD BARCLAY DRIVE

Name:

Address:

City-St-Zip:

FILED Sep 28, 2004 Secretary of State

Entity Name: WIN-MORE AMUSEMENTS, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	I PARKWAY NA VISTA, FL	32836	8472 PALM PARKW LAKE BUENA VIST		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
8540 PALM PARKWAY LAKE BUENA VISTA, FL 32836				8472 PALM PARKWAY LAKE BUENA VISTA, FL 32836	
FEI Number:	26-0071296	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BUSCHNER, ARLYS L ESQ 1320 N. SEMORAN BLVD. 104 ORLANDO, FL 32807			14371 LORD BARC	LAMANO, VINCENT 14371 LORD BARCLAY DRIVE ORLANDO, FL 32837	
The above in the State		ubmits this statement for the pu	rpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: VINCENT LAMANO				09/28/2004	
	Electroni	c Signature of Registered Ager	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I VINCENT, LAMAI 14371 LORD BA ORLANDO, FL 3	RCLAY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () I VINCENT, LAMAI 14371 LORD BA ORLANDO, FL	RCLAY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I VINCENT, LAMAI 14371 LORD BA ORLANDO, FL 3	RCLAY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()I	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VINCENT LAMANO Ρ 09/28/2004