


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000110114		
1. Entity Name WINSTON, HEATH, JONES & ASSOC., INC.		

Principal Place of Business 14550 S.E. 139TH LANE EAST LAKE WEIR, FL 32133	Mailing Address P.O. BOX 65 EAST LAKE WEIR, FL 32133
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2. Principal Place of Business 14550 SE 139th Lane	3. Mailing Address P.O. Box 65
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State East Lake Weir, FL	City & State East Lake Weir, FL
Zip 32133	Zip 32133
Country Marion	Country Marion

6. Name and Address of Current Registered Agent BLANCHARD, DOCK A ESQUIRE 4 S.E. BROADWAY OCALA, FL 34471	
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7. Name and Address of New Registered Agent Name: Harry M. Dansby Street Address (P.O. Box Number is Not Acceptable): 14550, SE, 139th Lane City: East Lake Weir FL 32133	
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: Harry M. Dansby	DATE: 10/06/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANSBY, HARRY M 14550 S.E. 139TH LANE EAST LAKE WEIR, FL 32133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060634749 10/14/05--01072--011 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PICKETT, GAIL R 3965 COUNTY ROAD 513 WILDWOOD, FL 34785 <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
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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 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: Harry M. Dansby	DATE: 10/06/05 (352) 427-8335

10/19/07