


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90125 026 ***150.00

DOCUMENT # P04000054727 1. Entity Name WINCHESTER CLEANING, INC.			
Principal Place of Business		Mailing Address	
		50034225	
2. Principal Place of Business 1691 SCARLETT AVE Suite, Apt. #, etc.		3. Mailing Address 1691 SCARLETT AVE Suite, Apt. #, etc.	
City & State NORTH PORT, FL		City & State NORTH PORT FL	
Zip 34289	Country	Zip 34289	Country
4. FEI Number 20-0960784		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DRAKE, J, KEVIN 1432 FIRST ST SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 WINCHESTER, DAWN M 2045 GULF OF MEXICO DR #204 LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 SCARLETT AVE NORTH PORT, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, DAVID W 2045 GULF OF MEXICO DR #204 LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 1691 SCARLETT AVE NORTH PORT, FL 34228
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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: <u>Dawn M. Winchester</u> Dawn M. Winchester		4-4-05 941 240-5480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	