

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90225 030 ***150.00

DOCUMENT # P06000000705

1. Entity Name
WIN-KOL INC.



Principal Place of Business
**426 93RD AVENUE N.
APT. #107
ST. PETERSBURG, FL 33702**

Mailing Address
**426 93RD AVENUE N
APT. #107
ST. PETERSBURG, FL 33702**

60043021



2. Principal Place of Business - No P.O. Box #
426 93RD AVENUE N

3. Mailing Address
→ SAME

Suite, Apt. #, etc.
APT 107

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State
ST. PETERSBURG

City & State

4. FEI Number
20-4034801

Applied For
Not Applicable

Zip
33702

Country
FL

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINIARSKI, MARCIN M
426 93RD AVENUE N.
APT. #107
ST. PETERSBURG, FL 33702**

Name
WINIARSKI MARCIN

Street Address (P.O. Box Number is Not Acceptable)
426 93RD AVENUE N

APT 107

City
ST. PETERSBURG

FL

Zip Code
33702

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

WINIARSKI MARCIN - REGISTER AGENT

02/14/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WINIARSKI, MARCIN M
426 93RD AVENUE N., APT. #107
ST. PETERSBURG, FL 33702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WINIARSKA, MONIKA
426 93RD AVENUE N., APT. #107
ST. PETERSBURG, FL 33702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**P.O. Box 20501
ST. PETERSBURG FL 33742**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**P.O. Box 20501
ST. PETERSBURG FL 33742**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

WINIARSKI MARCIN / PRES.

02/14/07

727 (744-9178)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #