

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 040 ***150.00

DOCUMENT # P06000000705					
1. Entity Name WIN-KOL INC.					
Principal Place of Business 426 43RD AVENUE N. APT. #107 ST. PETERSBURG, FL 33702			Mailing Address 426 43RD AVENUE N. APT. #107 ST. PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box # 519 93 RD AVE N		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. PETERSBURG FL		City & State		4. FEI Number 20-4034801	
Zip 33702		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINIARSKI, MARCIN M 426 43RD AVENUE N. APT. #107 ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name: <u>HINIARSKI MARCIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>519 93RD AVE N</u> City: <u>ST. PETERSBURG</u> <u>FL</u> Zip Code: <u>33702</u>		
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: <u>Marcin Hiniarski</u> <u>MARCIN HINIARSKI - REG. AGENT</u> <u>1.28.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	P WINIARSKI, MARCIN M P.O. BOX 20501 SAINT PETERSBURG, FL 33742	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINIARSKI MARCIN 519 93 RD AVE N ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINIARSKA, MONIKA P.O. BOX 20501 SAINT PETERSBURG, FL 33742	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WINIARSKA MONIKA 519 93 RD AVE N. ST. PETERSBURG FL 33702	<input checked="" 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 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: <u>Marcin Hiniarski</u> <u>PRES.</u>			Date: <u>1.28.08</u>		