

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016951

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: WINTER HAVEN VENTURES, INC.

## Current Principal Place of Business:

9001 EAST COLONIAL DRIVE  
ORLANDO, FL 32817

## New Principal Place of Business:

6395 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

## Current Mailing Address:

9001 EAST COLONIAL DRIVE  
ORLANDO, FL 32817

## New Mailing Address:

FEI Number: 20-4253571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.  
50 NORTH LAURA STREET STE 2200  
ATTEN:MICHAEL E. GOODBREAD JR.  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODRIGUEZ, FRANK J  
Address: 9001 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32817

Title: VP ( ) Delete  
Name: ATKINSON, CARL R  
Address: 9001 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32817

Title: T ( ) Delete  
Name: ALDEN, EDWARD M  
Address: 9001 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: ATKINSON, CARL R  
Address: 9001 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WAGNER, JOSEPH  
Address: 6395 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: EDWARD M ALDEN

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date