

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000020383

1. Entity Name
WINDER ENTERPRISES, INC.



Principal Place of Business
5645 WELLINGTON COURT
PALM HARBOR, FL 34685 US

Mailing Address
5645 WELLINGTON COURT
PALM HARBOR, FL 34685 US



04052005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3170171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINDER, STEVEN E.
5645 WELLINGTON COURT
PALM HARBOR, FL 34685

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WINDER, STEVEN E
STREET ADDRESS 5645 WELLINGTON STREET
CITY-ST-ZIP PALM HARBOR, FL

TITLE VD
NAME WINDER, DAWN M
STREET ADDRESS 5645 WELLINGTON COURT
CITY-ST-ZIP PALM HARBOR, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Steven Winder **STEVEN WINDER** 4/5/05 727-781-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #