2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2005 8:00 am Secretary of State

AIMOAL ILLI OILL					Secretary or State			
DOCUMENT # P93000069583 1. Entity Name WINTER GARDEN FINANCE COMPANY					02-15-2005 90026 049 ***150.00			
Principal Place	of Business	Mailing Address			Ī	4 000	U U U W	
Principal Place of Business		•						
571 MERCY DR.		571 MERCY DR.						
ORLANDO, FL	. 32805 US	ORLANDO, FL 32805	US					
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 59-320	Applied For S206255 Not Applicable			
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d S8.75 Ad	
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	``	
A. Hand and decrease of content tradistation When				7. Name and Address of New Registered Agent Name				
BERRY, DANIEL A 12403 W. COLONIAL DR.			Stree	Street Address (P.O. Box Number is Not Acceptable)				
WINTER G	SARDEN, FL 34787							
			City	-			FL Zip Cox	de
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or prifted name of registered agent in the statement of th	9. Election Campaig	Registered Agent sig	natura required	• • • • • • • • • • • • • • • • • • • •		***	, and accept
10.	OFFICERS AND	DIRECTORS	11.	-:	ADDITIONS	CHANGES TO	OFFICERS AND DIRECTOR	3S IN 11
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12. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	n tries titing does not qualify for is true and accurate and that m	ne exemption sy signature sh	stated in S Ill have the	ection 119.07(3) same legal effe	(i), Florida Statu ct as if made un	tes. I turther certify that the der oath; that I am an offici	intormation er or director

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: _

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4 2-8-05

407-299-3904

Daytime Phone #