


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000003843</b>	
1. Entity Name 6894 LAKE WINONA, INC.	

Principal Place of Business 1589 E HWY 40 DELEON SPRINGS, FL 32130	Mailing Address 6894 LAKE WINONA RD. DELEON SPRINGS, FL 32130
--	---

**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3292906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ROBIN M  
6894 LAKE WINONA RD  
DELEON SPRINGS, FL 32130

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000948346 06/02/08-80049-023 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JONES, ROBIN M 6894 LAKE WINONA RD DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Robin Jones ROBIN JONES 5/1/08 3869855563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #