


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90041 013 \*\*\*150.00

<b>DOCUMENT # P95000052813</b>					
1. Entity Name <b>FIRST LINE CORP.</b>					
Principal Place of Business <b>1487 Hollywood Blvd. VILLAGES FL</b>			Mailing Address <b>33715 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3323949</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WINN, CHARLES E</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WINN, CHARLES E Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	

**50024438**



07262006 Chg-P CR2E034 (11/05)

# ATTACHMENT

50024438

#P95000052813

ITEM 1 IS THE PERTINENT PREVIOUS DATA

ITEM 2 IS THE CURRENT PERTINENT DATA.

I did not receive the forms(annual report) earlier.

It may have been due to a move, although I filed proper  
Post Office Forms for Forwarding.

PLEASE ADVISE ME WHEN TO FORWARD A CHECK, OR CREDIT CARD,

skpp@chuck@aol.com

  
Charles E. Winn., President

F4x 352-350-2018



**ATTACHMENT**  
**50024438**  
**Division of Corporations**

**Annual Report**Annual Report Help

Document Number

**P95000052813**

Business Entity Name

**FIRST LINE CORP.**

1

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593323949

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 1481 HOLLYWOOD TERR  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State THE VILLAGES, FL  
Zip Code & Country 32162 US

**Mailing Address**

Address 1481 HOLLYWOOD TERR,  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State THE VILLAGES, FL  
Zip Code & Country 22162 US

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) WINN CHARLES, E, PRES

**- OR -**

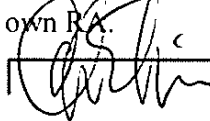
Business to serve as RA \_\_\_\_\_

Address (PO Box is not acceptable) 1481 HOLLYWOOD TERR.  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State THE VILLAGES, FL  
Zip Code & Country 32162

33162

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DPST  
Name (Last, First, Middle, Title) WINN, CHARLES, E,

**- OR -**

Entity Name to serve as Officer/Director

Street Address 1481 HOLLYWOOD BLVD  
City, State THE VILLAGES, FL  
Zip Code & Country 32162,

Title   
Name (Last, First, Middle, Title) , , ,

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State ,   
Zip Code & Country ,

Title   
Name (Last, First, Middle, Title) , , ,

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that

ATTACHMENT

the facts stated herein are true.

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