

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000053461

1. Entity Name

WIN-NET COMMUNICATION, INC.



**FILED
Apr 13, 2004 8:00 am
Secretary of State**

04-13-2004 90027 002 ***158.75

Principal Place of Business
6272 RADFORD ST.
SPRING HILL FL 34606

Mailing Address

6272 RADFORD ST.
SPRING HILL FL 34606

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

59-3394992

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WINGROVE, CLARENCE W
215 EDERINGTON DR.
BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WINGROVE, CHARLES O
STREET ADDRESS 6272 RADFORD ST.
CITY-ST-ZIP SPRING HILL FL 34606

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME LANGE, ANNINETTE
STREET ADDRESS 6272 RADFORD ST.
CITY-ST-ZIP SPRING HILL FL 34606

Note: Married Delete

Charles O. Wingrove
Sept. 5, 2003...in
Pasco Co., Florida.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Annnette Wingrove Change Addition
Wingrove, Annnette
6272 Radford St.
Spring Hill, FL 34606

Change Addition

TITLE D
NAME WINGROVE, CLARENCE W
STREET ADDRESS 215 EDERINGTON DR.
CITY-ST-ZIP BROOKSVILLE FL 34601

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: Charles O. Wingrove

04/08/04 (352) 683-0568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #