

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90314 035 ***150.00

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1. Entity Name
WINTER HAVEN A.S.C. BUILDING CORPORATION



Principal Place of Business

**WINTER HAVEN ASC, INC.
255 3RD STREET N.W.
WINTER HAVEN, FL 33881 US**

Mailing Address

**255 3RD ST NW
WINTER PARK, FL 33881 US**

94056416



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3412899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHILTON, CHARLES R
99 SIXTH STREET SW
WINTER HAVEN, FL 33880**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHELGRN, JOHN M**
STREET ADDRESS **2509 PARTRIDGE DRIVE**
CITY-ST-ZIP **WINTER HAVEN, FL**

TITLE **VP**
NAME **LYLE, GEORGE D**
STREET ADDRESS **204 LOCHEN CT**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **ST**
NAME **SIMMONS, DAVID B**
STREET ADDRESS **108 MIRROR LANE NW**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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 NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. SHELGRN, M.D. - PRESIDENT 4/8/04

Date

Daytime Phone #