


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90018 026 ***150.00

DOCUMENT # P96000090895	
1. Entity Name WINEGEART & ASSOCIATES, INC.	

Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1910 JACKSONVILLE, FL 32202 US	Mailing Address 1 INDEPENDENT DRIVE SUITE 1910 JACKSONVILLE, FL 32202 US
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30012123

2. Principal Place of Business ONE INDEPENDENT DRIVE Suite, Apt. #, etc. <u>Suite 2207</u> City & State <u>Jacksonville, FL</u> Zip <u>32202</u> Country <u>USA</u>	3. Mailing Address ONE INDEPENDENT DRIVE Suite, Apt. #, etc. <u>Suite 2207</u> City & State <u>Jacksonville, FL</u> Zip <u>32202</u> Country <u>USA</u>
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01242005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3415890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WINEGEART, GEORGIA T ONE INDEPENDENT DRIVE, 1910 JACKSONVILLE, FL 32202	
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7. Name and Address of New Registered Agent WINEGEART, Georgia T. Street Address (P.O. Box Number is Not Acceptable) <u>ONE INDEPENDENT DRIVE, Ste 2207</u> <u>Jacksonville</u> FL Zip Code <u>32202</u>	
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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 <u>Georgia J. Winegeart</u> <u>Georgia J. Winegeart</u> / 24/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEGEART, GEORGIA J ONE INDEPENDENT DRIVE, SUITE 1910 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINEGEART, Georgia J ONE INDEPENDENT DRIVE, Ste 2207 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Georgia J. Winegeart</u> <u>Georgia J. Winegeart</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01/24/05 904-355-5558 Date Daytime Phone #