

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90185 015 ***150.00

DOCUMENT # P97000041513

1. Entity Name

WINTER PARK SPRAY, INC.



Principal Place of Business

2870 FORSYTH RD
UNIT 1216 & 1218
WINTER PARK FL 32792

Mailing Address

P O BOX 253
GOLDENROD FL 32733
US

2. Principal Place of Business

2870 Forsyth Rd
Suite, Apt. #, etc.
Unit 1216, 1218

3. Mailing Address

P.O. Box
Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32792

Country

ORANGE

Zip

32733

Country

SEMINOLE

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3449016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEXTON, GORDON L
1548 CHILEAN LN.
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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, 2006 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

TITLE P ☐ Delete
NAME SEXTON, GORDON L
STREET ADDRESS 1548 CHILEAN LN
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VP ☐ Delete
NAME SEXTON, GORDON L II
STREET ADDRESS 12225 CORAL REEF DR
CITY-ST-ZIP ORLANDO FL 32826

TITLE S ☐ Delete
NAME SEXTON, ERNESTINE L
STREET ADDRESS 1548 CHILEAN LN
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gordon L Sexton, GORDON L. SEXTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06 407-621-3727

Date

Daytime Phone #