2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2005 08:00 AM DOCUMENT # P98000032180 Secretary of State 1. Entity Name WINTERS CONSULTING, INC. Principal Place of Business Mailing Address 6748 TRAIL BLVD. 6748 TRAIL BLVD. NAPLES FL 34108 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 59-3505671 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINTERS, JOHN P Street Address (P.O. Box Number is Not Acceptable) 6748 TRAIL BLVD. NAPLES FL 34108 City 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 1-28-05 BOHN PETER WINTERS PRESIDENT SIGNATURE ned name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete THEF Change Addition WINTERS, JOHN NAME STREET ADDRESS 6748 TRAIL BLVD. SURFET ADDRESS NAPLES FL 34108 Cuty-St-ZiP CITY-ST-7/P HILLE Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete THILE THILE MARKE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone &